

Name  
in  
Full

Jamer St. Allaire

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Died at	Cambridge	Dorchester		
Date of death	Month	Day	Years	Months Days
1904	Nov.	23	Age 71	
Sex	Male	Color or Race	White	Birth-place
Occupation	Where Residing if not at place of death near Cambridge			
Married, Single or Widowed	Married	Name of Wife or Husband	Sarah A. Allaire	
Father's Name	Alexander B. Allaire			Father's Birthplace - T. Y.
Mother's Maiden Name	Mariah Paulman			Mother's Birthplace New York
Name of person giving Information	Sarah A. Allaire			How related to deceased Wife

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Aterio. Sclerosis 64 How long don't know

Immediate Apoplexy How long —

Are the name, age, sex, color, date and place correctly given above?

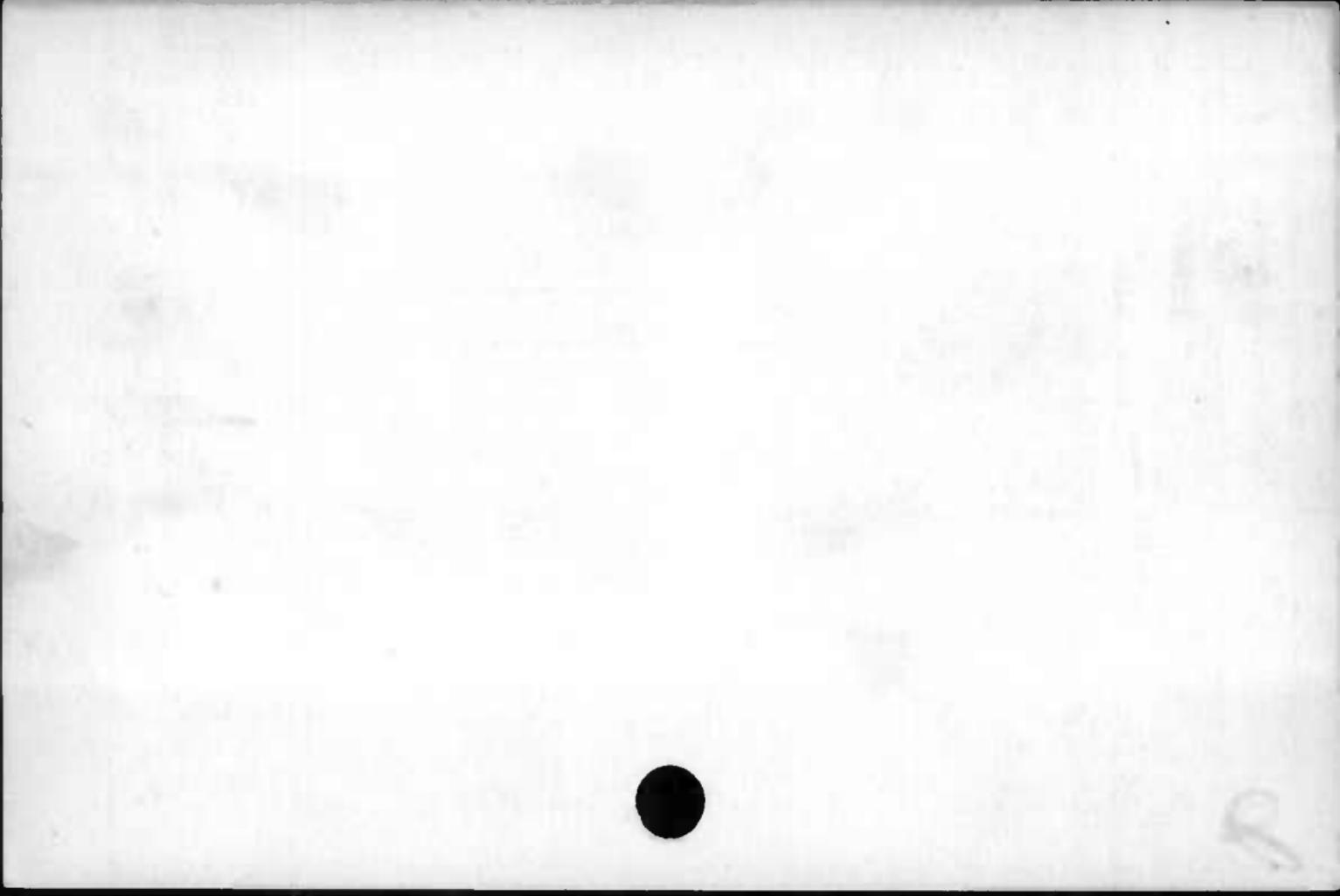
yes

Signature of Physician

Address

E. Wolff  
Cambridge, Md

Accident or Suicide?



Name  
in  
Full

William F. Anthony

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	84		-
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Cambridge Md			
Father's Name	Henrietta Anthony				
Mother's Maiden Name	John W. Anthony				
Name of person giving information	Joseph R. Anthony				
CAUSES OF DEATH					
Primary	Bright's Disease (ND)				
Immediate	Heart Failure				

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

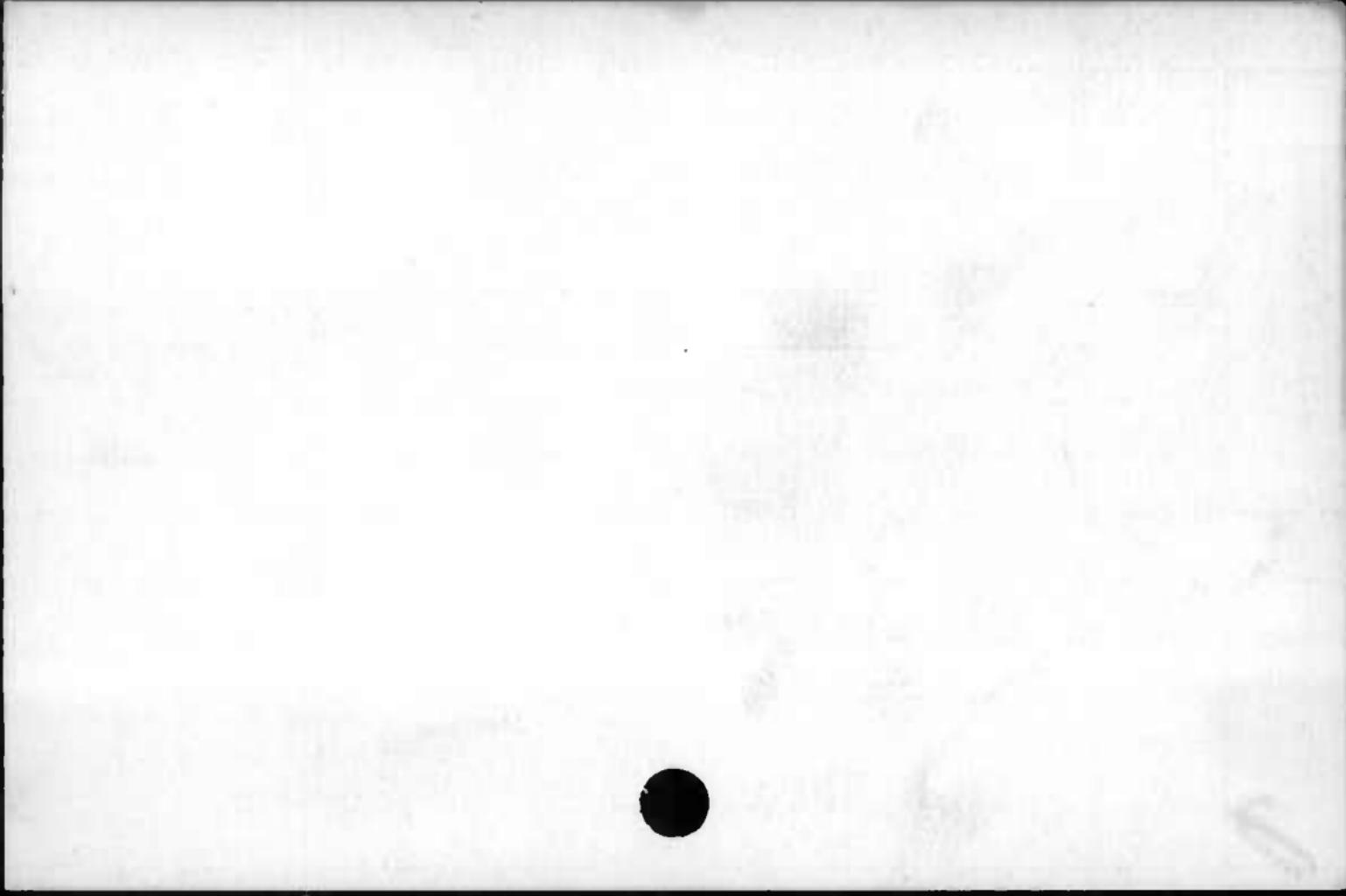
yes

Signature of Physician

Address

Elvira F.  
Cambridge, Md.

Accident or Suicide?



Name  
in  
Full

John Wesley Bailey

## CERTIFICATE OF DEATH

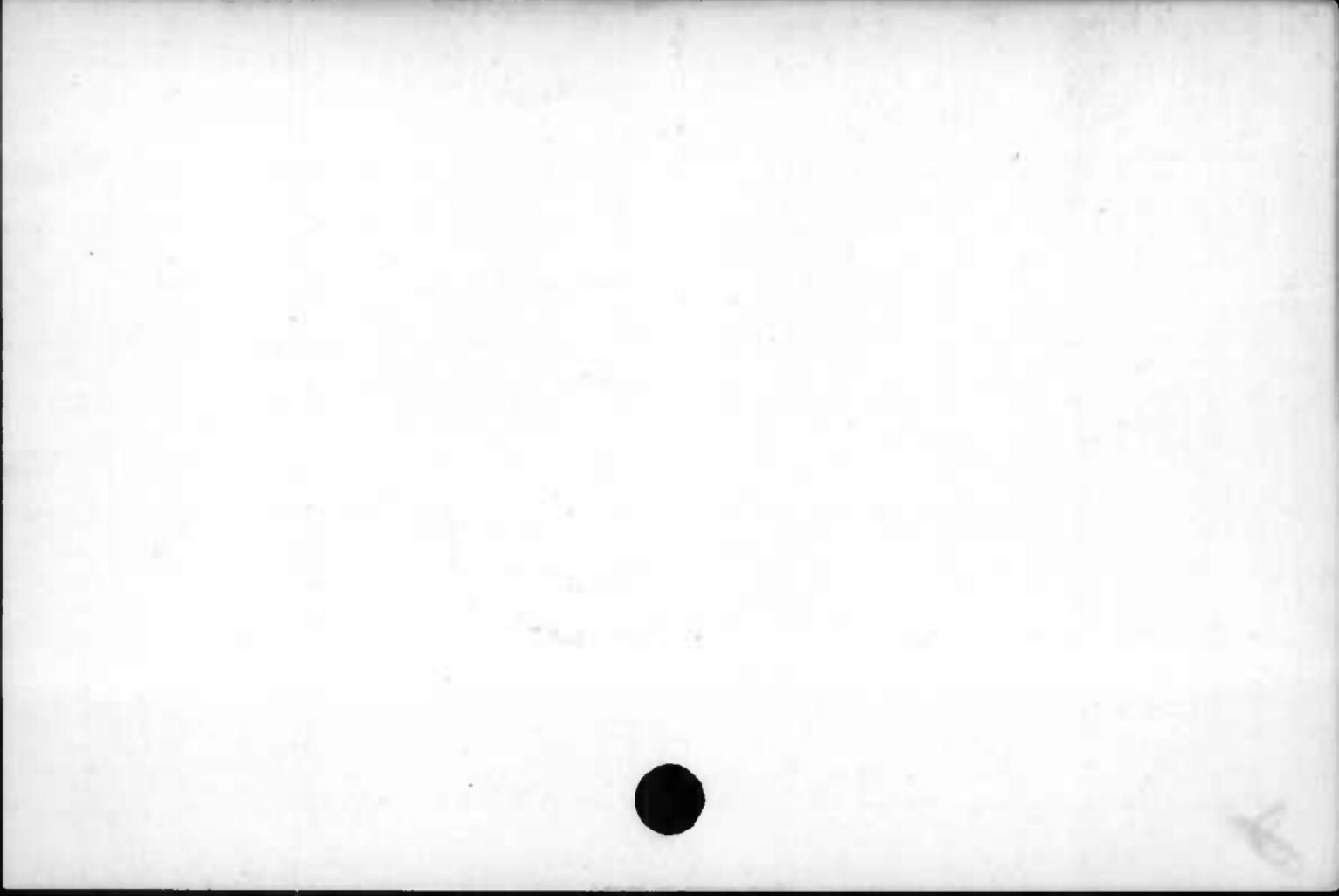
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Beth	Birth-place	Co
Occupation	Child	Where Residing if not at place of death —			
Married, Single or Widowed	—	Name of Wife or Husband	—	Father's Birthplace	Co
Father's Name	Josiah Bailey			Mother's Birthplace	Co
Mother's Maiden Name	Bertha May Camper			Name of person giving Information	Joshua
				How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Bronchitis	(90)	How long	2 weeks
Immediate	Suffocation	(90)	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	6 Brothman Rd
			Address	Frederick, Md
Accident or Suicide?				



Name  
in  
Full

Edward Banks

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Died at	Cambridge	Dorchester	—	—
Date of death	Month	Day	Years	Months Days
1906	Nov.	26	Age 18	— —
Sex	Male	Color or Race	Blk	Birth-place Md.
Occupation	Farming	Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband		
Father's Name				Father's Birthplace
Mother's Maiden Name				Mother's Birthplace
Name of person giving information	Priscilla Roberts			How related to deceased Guardian

CAUSES OF DEATH

Primary	Pneumonia	(93)	How long
Immediate	Heart Failure		How long

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

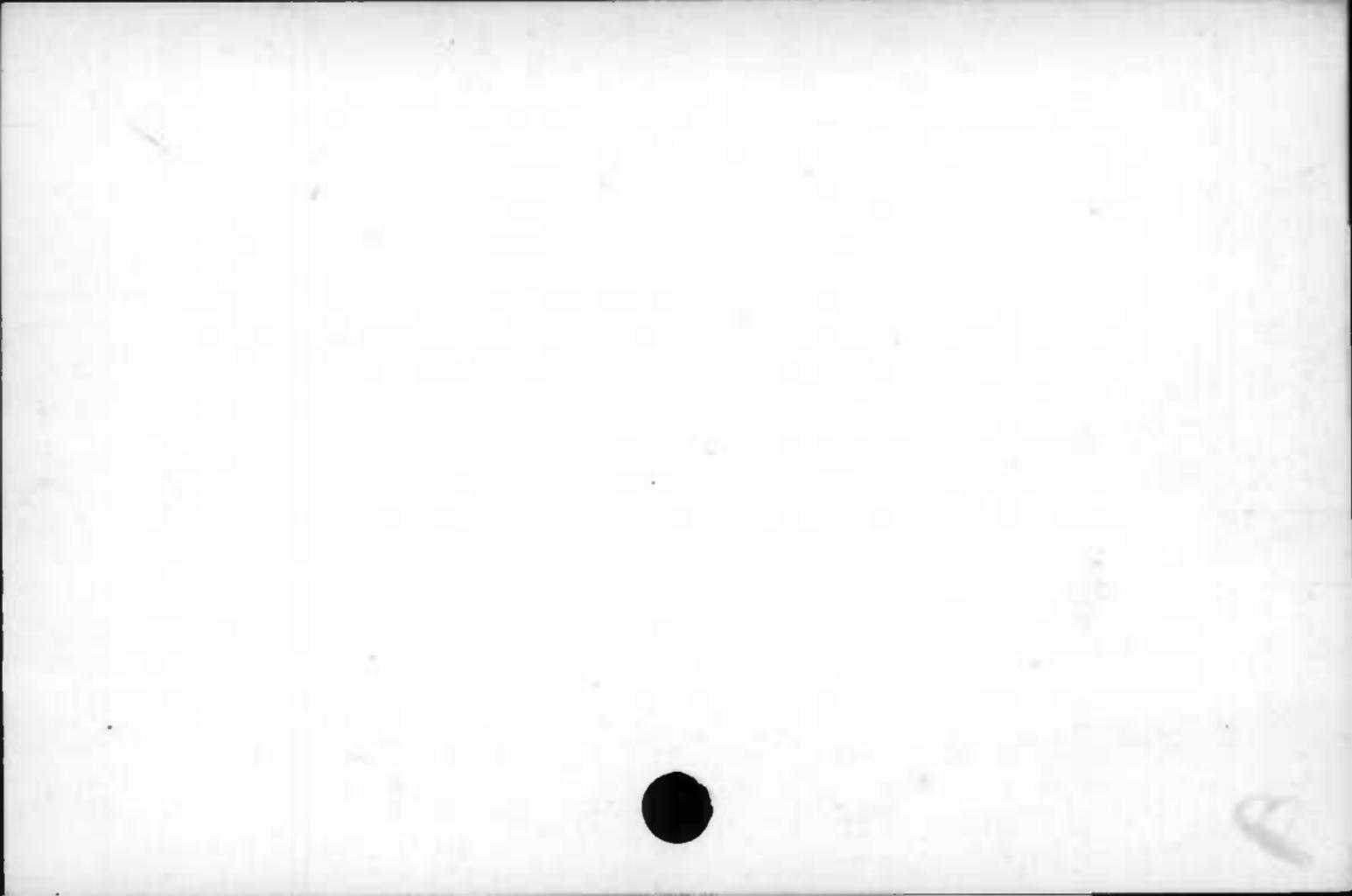
yes

Signature of Physician

Address

E. Edward  
Cambridge, Md.

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Lida Bantam

Died at <b>Cambridge</b> Town		County <b>Dorchester</b>	
Date of death <b>1906</b>	Month <b>Nov.</b>	Day <b>/</b>	Years <b>—</b>
Sex <b>Female</b>	Color or Race <b>Blk.</b>		
Occupation <b>Clerk</b>	Where Residing if not at place of death		
Married, Single or Widowed <b>Single</b>	Name of Wife or Husband		
Father's Name <b>John W. Bantam</b>	Father's Birthplace <b>Md</b>		
Mother's Maiden Name <b>Annie Ridout</b>	Mother's Birthplace <b>Md</b>		
Name of person giving information <b>John W. Bantam</b>	How related to deceased <b>Father</b>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

*Sitamus et levatorum*

72

How long

2 days

How long

Immediate

*Exhaustion*

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

E. E. Wolff  
Cambridge, Md.



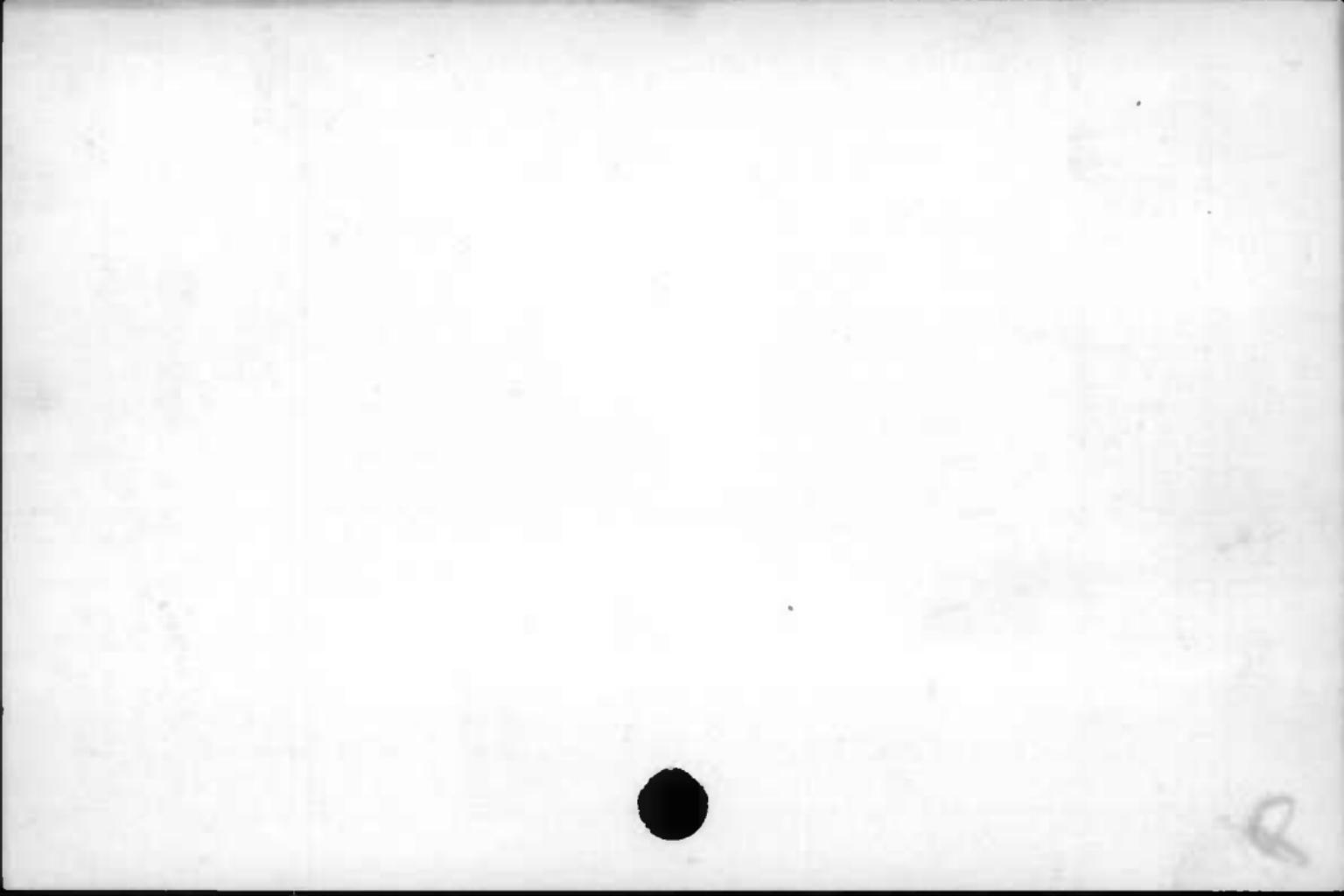
Accident or Suicide?

CERTIFICATE OF DEATH

MARYLAND

Days

7



Name  
in  
Full

6 K P Bell

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <b>Brookview</b>		County <b>Dor</b>		MARYLAND		
Date of death <b>1906</b>	Month <b>Nov</b>	Day <b>17</b>	Age <b>62</b>	Years	Months	Days
Sex <b>Male</b>	Color or Race <b>White</b>	Birth-place <b>—</b>				
Occupation <b>Farmer</b>	Where Residing if not at place of death <b>—</b>					
Married, Single or Widowed <b>Widowed</b>	Name of Wife or Husband <b>—</b>					
Father's Name	Father's Birthplace					
Mother's Maiden Name	Mother's Birthplace					
Name of person giving Information <b>J.P. Frampton</b>	How related to deceased <b>None</b>					

CAUSES OF DEATH

Primary **Heart disease**  How long **1 yr**

Immediate **Heart Failure**  How long **—**

Are the name, age, sex, color, date and place correctly given above?

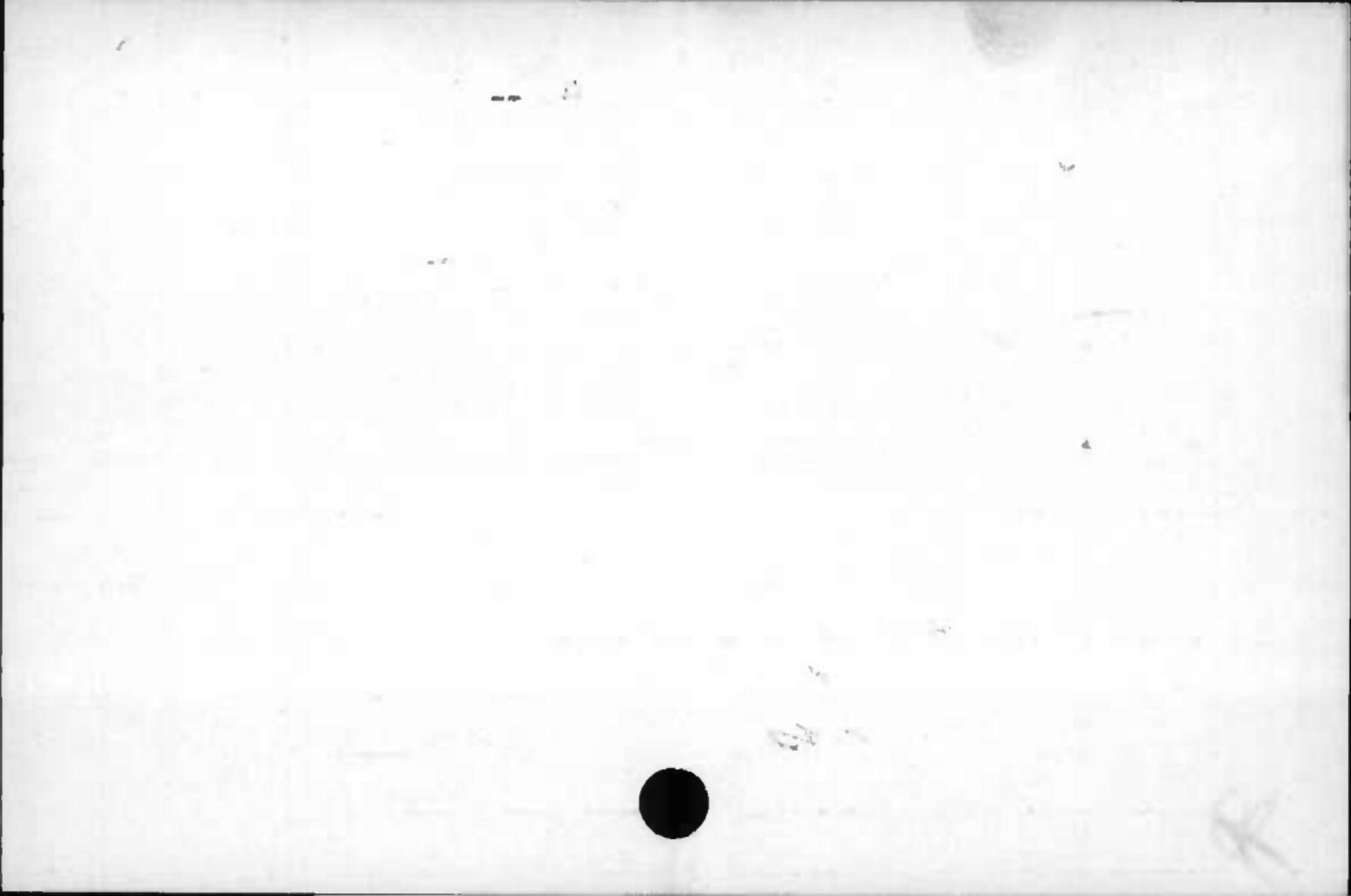
**yes**

Signature of Physician

Address

**6 Brookview  
Virginia  
Ma**

Accident or Suicide?



Name  
in  
Full

Sophie Bell

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Cambridge		County	MARYLAND	
Date of death	1906	Month m	Day 6	Years	Months 8
Sex	Female	Color or Race	white	Birth-place	Cambridge Md.
Occupation			Where Residing if not at place of death		
Married, Single or Widowed	single		Name of Wife or Husband		
Father's Name	Benj Reel		Father's Birthplace	Dr. Cornell	
Mother's Maiden Name	Mary Vane		Mother's Birthplace	Dr. Cornell.	
Name of person giving Information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Pettritis How long

Immediate Congestion of lungs (8) How long

Are the name, age, sex, color, date and place correctly given above?

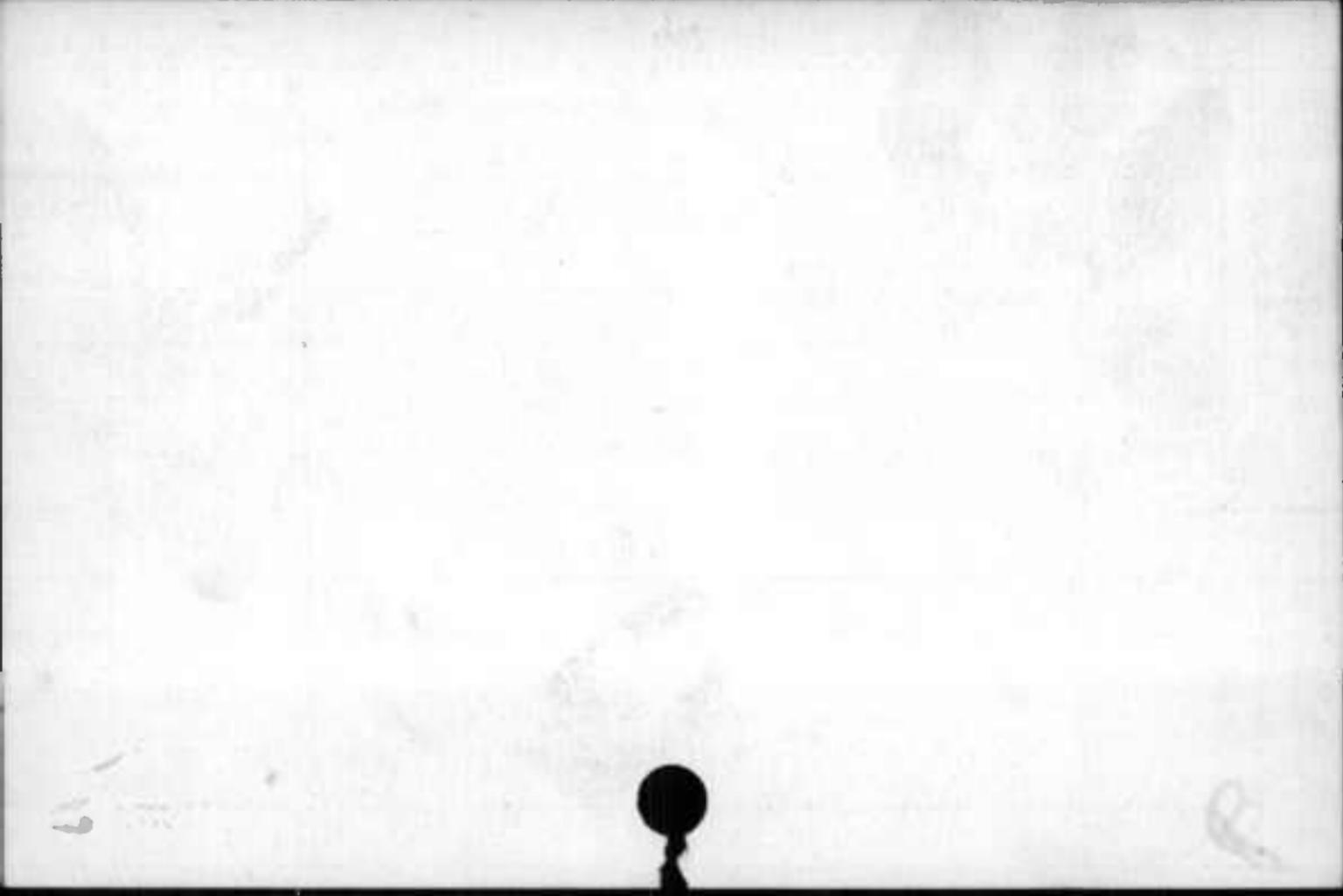
Signature of Physician

1 yrs

Address

Mary Steele  
Cambridge Md.

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Date of death	Month	Day	Years	Munths	Days
1906	11	20	Age 80		
Sex Occupation	Color or Race	Where Residing if not at place of death		Birth-place	
Female	Colored	Columbus Camper		Dorchester	
Married, Separated or Widowed	Name of Wife or Husband			Father's Birthplace	
Father's Name	Daniel Dashields			Mother's Birthplace	Dorchester
Mother's Maiden Name	Bessie Stewart			How related to deceased	Brother
Name of person giving Information	Sandy Deshield				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Aortic Stenosis

How long

Don't Know

Immediate

Don't Know

How long

Don't Know

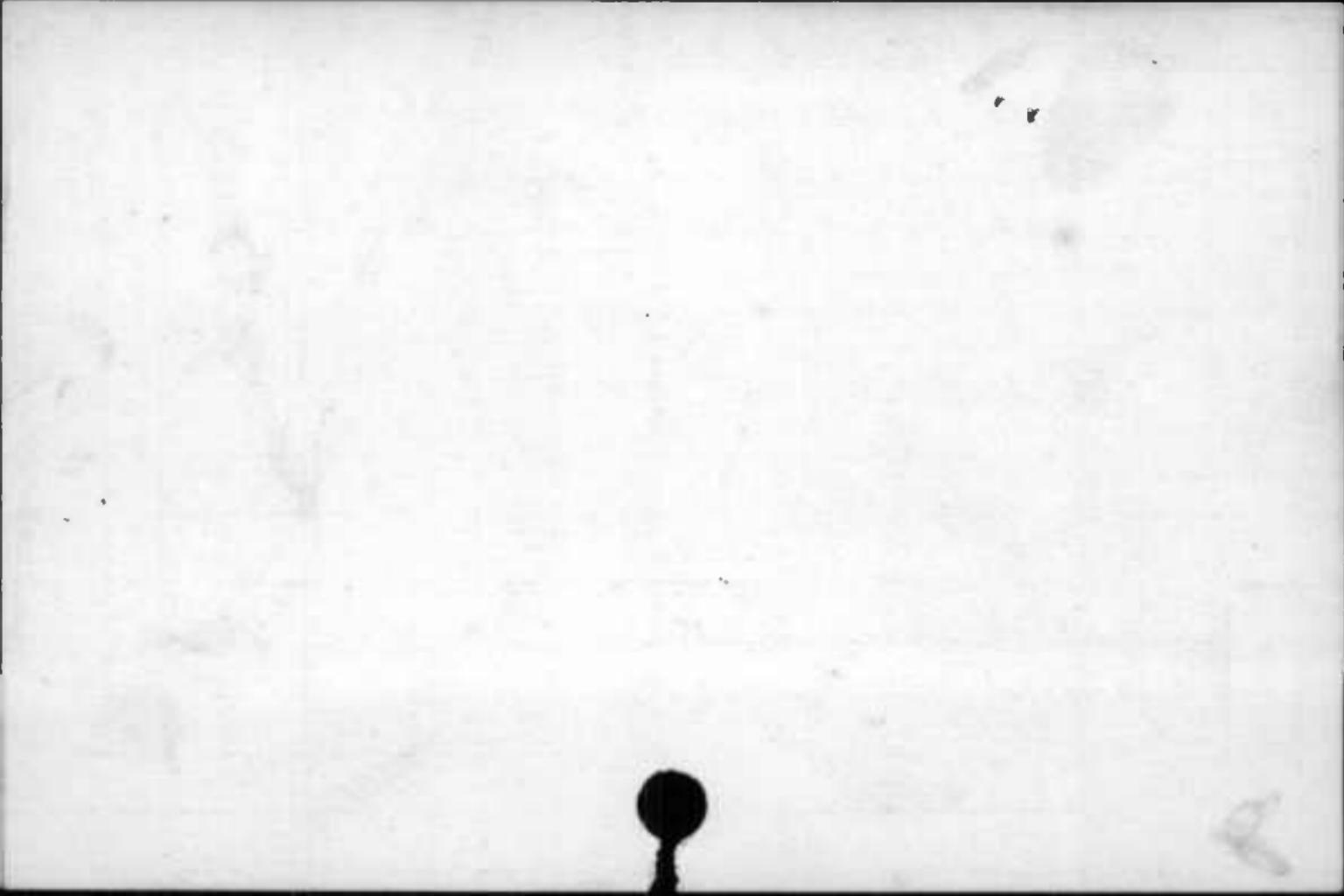
Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
PhysicianEdward L. Jones  
E. N. Market Rd.

Address

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

CERTIFICATE OF DEATH						
Died - near Williamsburg		Town	County		MARYLAND	
Date of death	1906	Month Nov.	Day 6	Years 80	Months -	Days -
Sex	Female	Color or Race	white		Birth-place	Dorchester Co Md
Occupation	Housewife		Where Residing if not at place of death			
Married, Single or Widowed	widow	Name of Wife or Husband	Josiah Cawon		Father's Birthplace	Maryland
Father's Name	Algernon Cook Cawon				Mother's Birthplace	
Mother's Maiden Name	Lillian Cawson				How related to deceased	by marriage
Name of person giving Information	Joseph Colburne					

CAUSES OF DEATH

Primary

Anemia

How long

1 year

Immediate

Weak Heart

54

How long

2 months

Are the name, age, sex, color, date and place correctly given above?

yrs

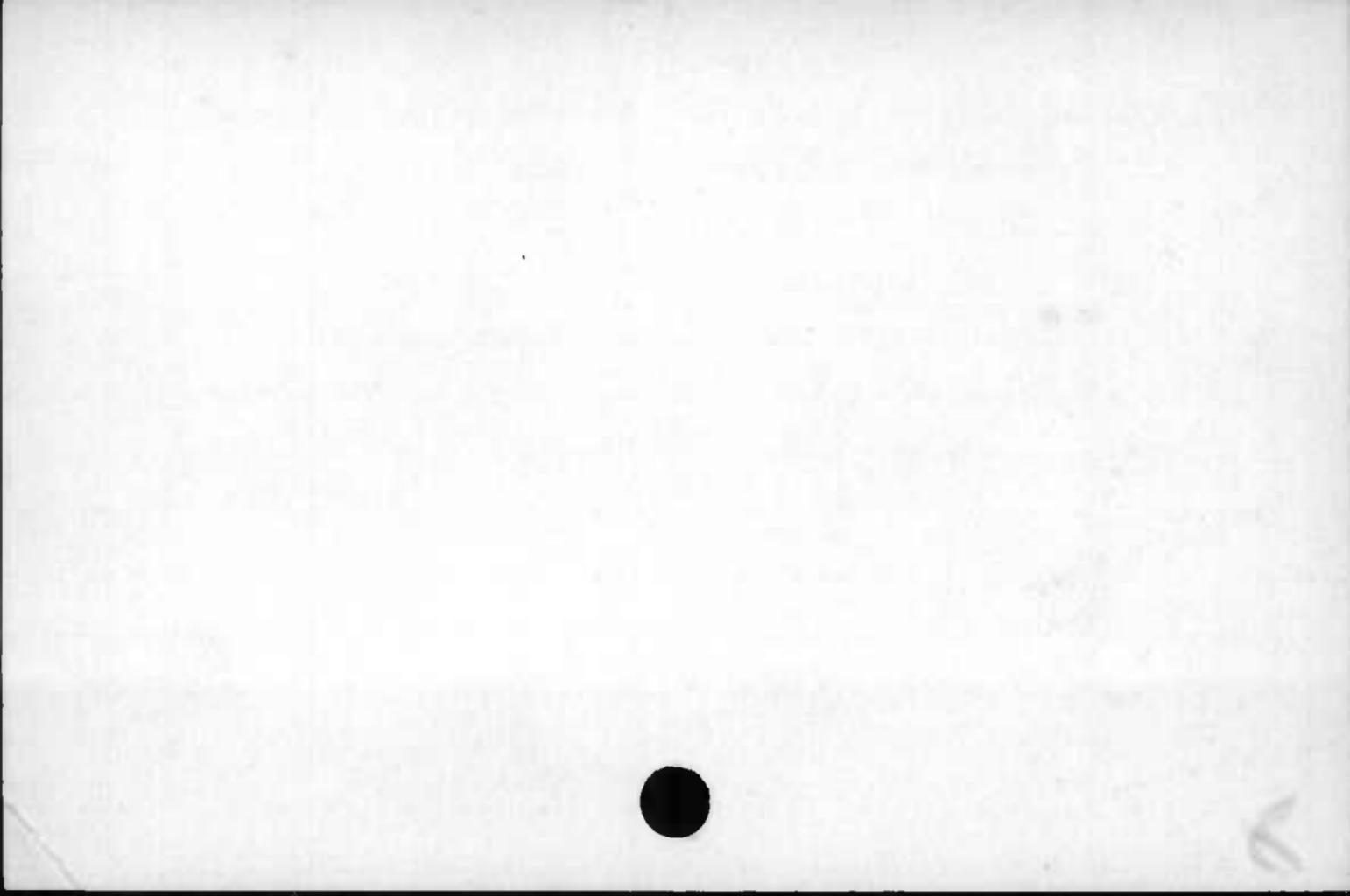
Signature of Physician

Address

Jacob Cawon  
Preston  
Md

Accident or Suicide?

8



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Henry Cephas

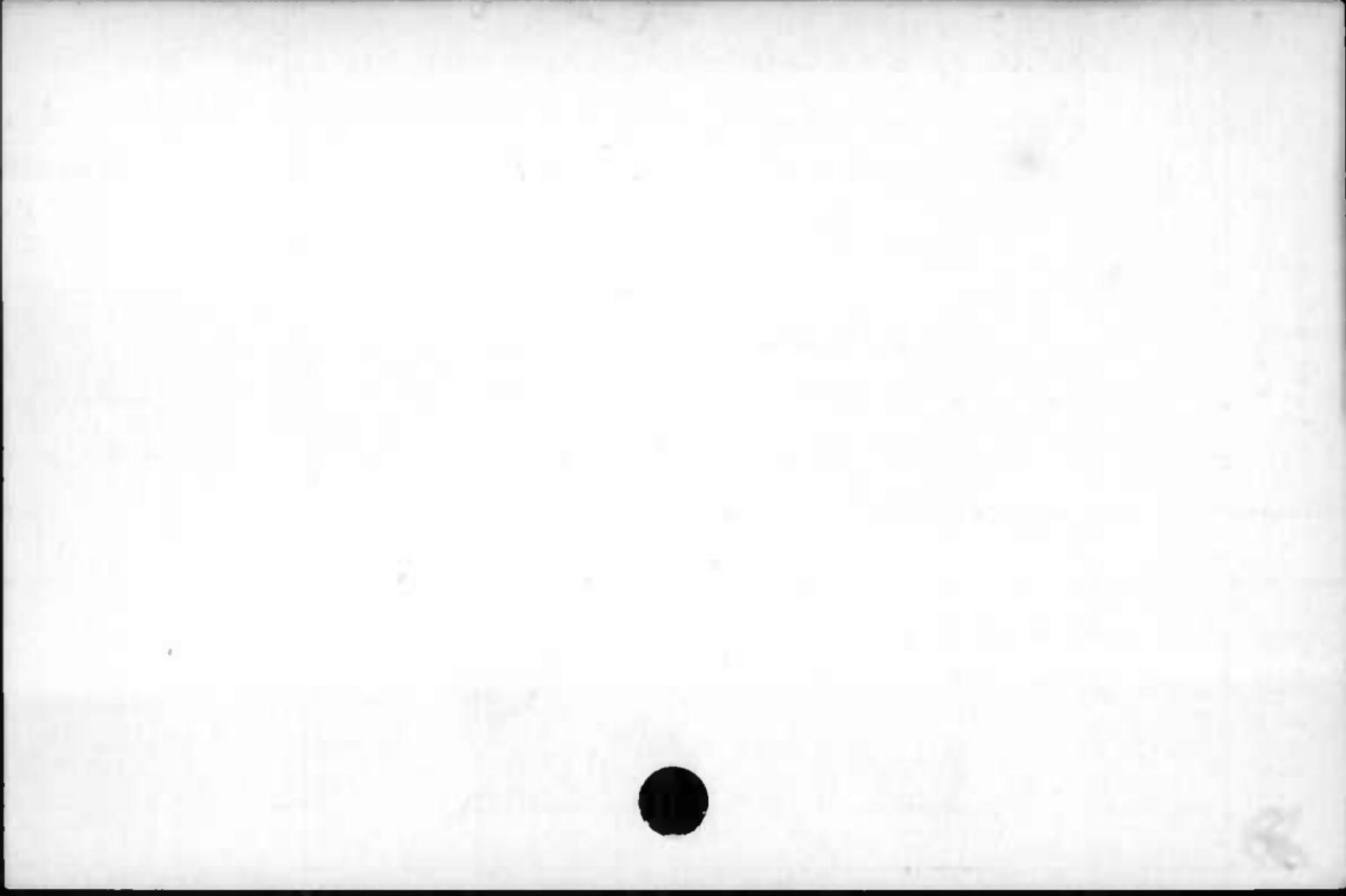
CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND	
Date of death	Month	Years	Months	Days
1906	Nov	57		
Sex	Color or Race	Age	Birth-place	Occupation
Male	Colored	57	Dorchester Co.	Gysterman
Married, Single, or Widowed	Name of Wife or Husband	Where Residing if not at place of death		
Married	Clara Cephas	—		
Father's Name	Eli Cephas	Father's Birthplace	Dorchester Co	
Mother's Maiden Name	Elizabeth Morris	Mother's Birthplace	Dorchester Co	
Name of person giving information	Clara Cephas	How related to deceased	Wife	

CAUSES OF DEATH

Primary	Chr. Interstitial Nephritis	How long
Immediate	Cardiac dilatation	8 weeks
Are the name, age, sex, color, date and place correctly given above?	Yes	How long
	Signature of Physician	Jexter P. Reynolds M.D.
	Address	Cambridge Md.
Accident or Suicide?		

8



Name  
in  
Full

Mary E. Dance

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information	How related to deceased				

1906 Nov. 17 85- 1 2

Female White

Ruston Virginia

Stephen Dance Ruston Virginia

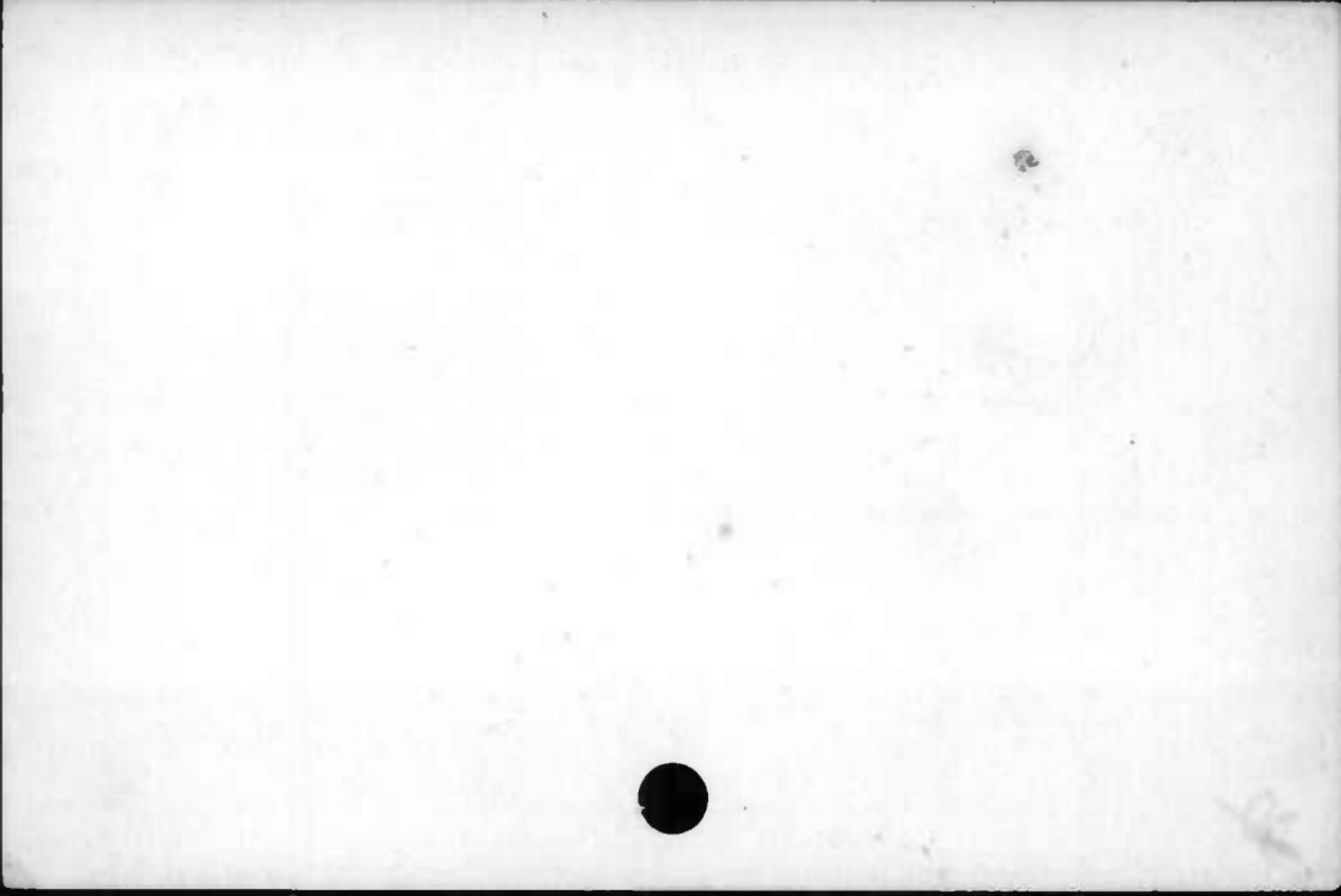
Martha Wilson - Ruston Virginia

R.W. W. Greene Brother in law

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Pneumonia 93	How long	Four days
	Immediate	Blocking of air passages by pus	How long	One hour
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Jubor Carroll, M.D.	
		Address	Cambridge, Md	
Accident or Suicide?				

J



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

infant		Dochens		CERTIFICATE OF DEATH	
Died at	Salem	Town	Dorchester	County	MARYLAND
Date of death	1906 Nov	Month	27	Day	Years
Sex	male	Color or Race	Black	Birth-place	Salem
Occupation	Where Residing If not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Chas Dochens				
Mother's Maiden Name	Cooper				
Name of person giving Information	How related to deceased				

CAUSES OF DEATH

(11)

How long

How long

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

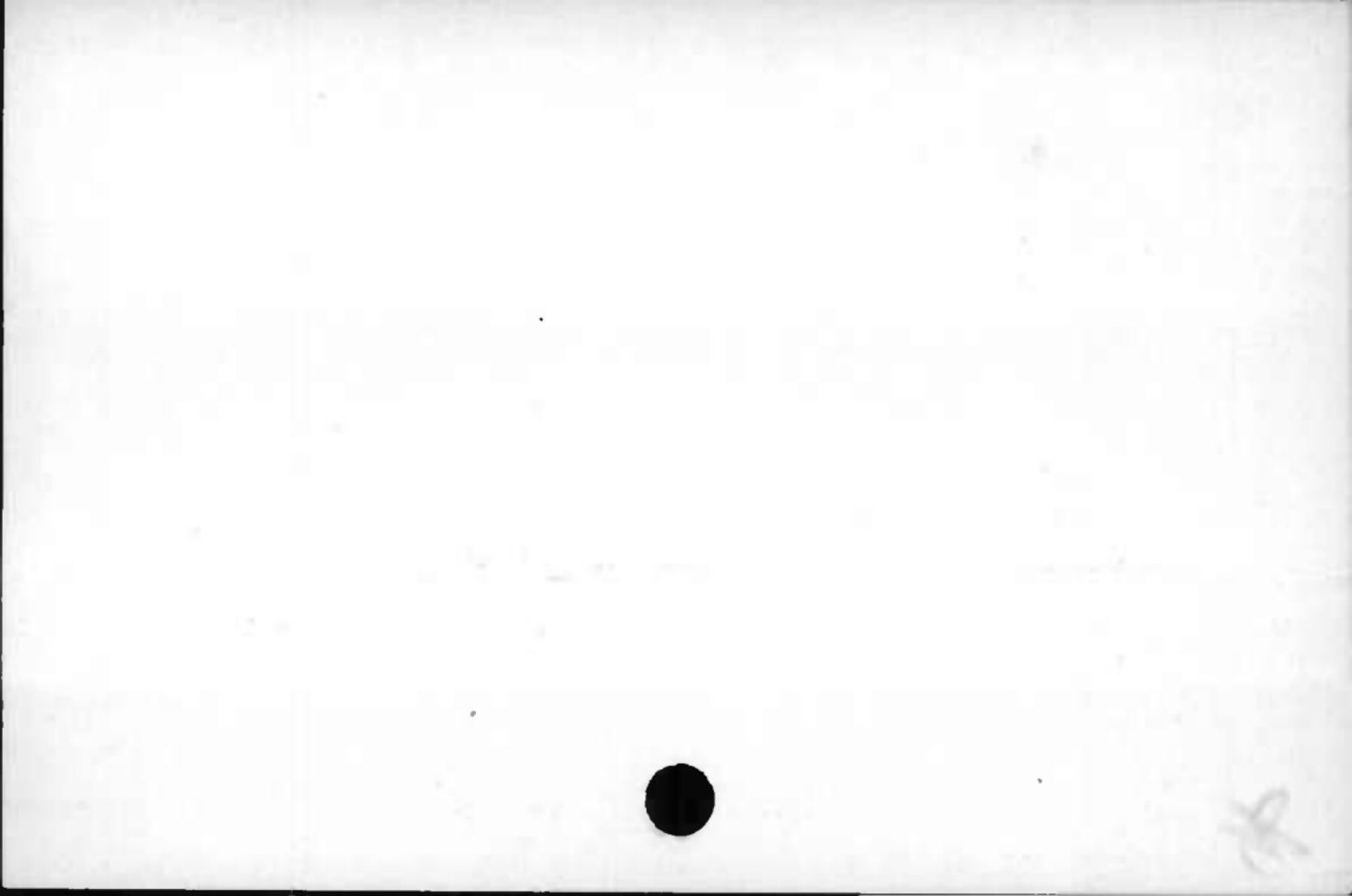
Signature of Physician

Address

No physician

Accident or Suicide?

Robert Hastings  
20 Hanover



Name  
In  
Full

William S. Edgar

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Married. Mamie Edgar		
Father's Name	William S. Edgar			
Mother's Maiden Name	Miss Hooper			
Name of person giving Information	Mamie Edgar (B) wife			

CAUSES OF DEATH

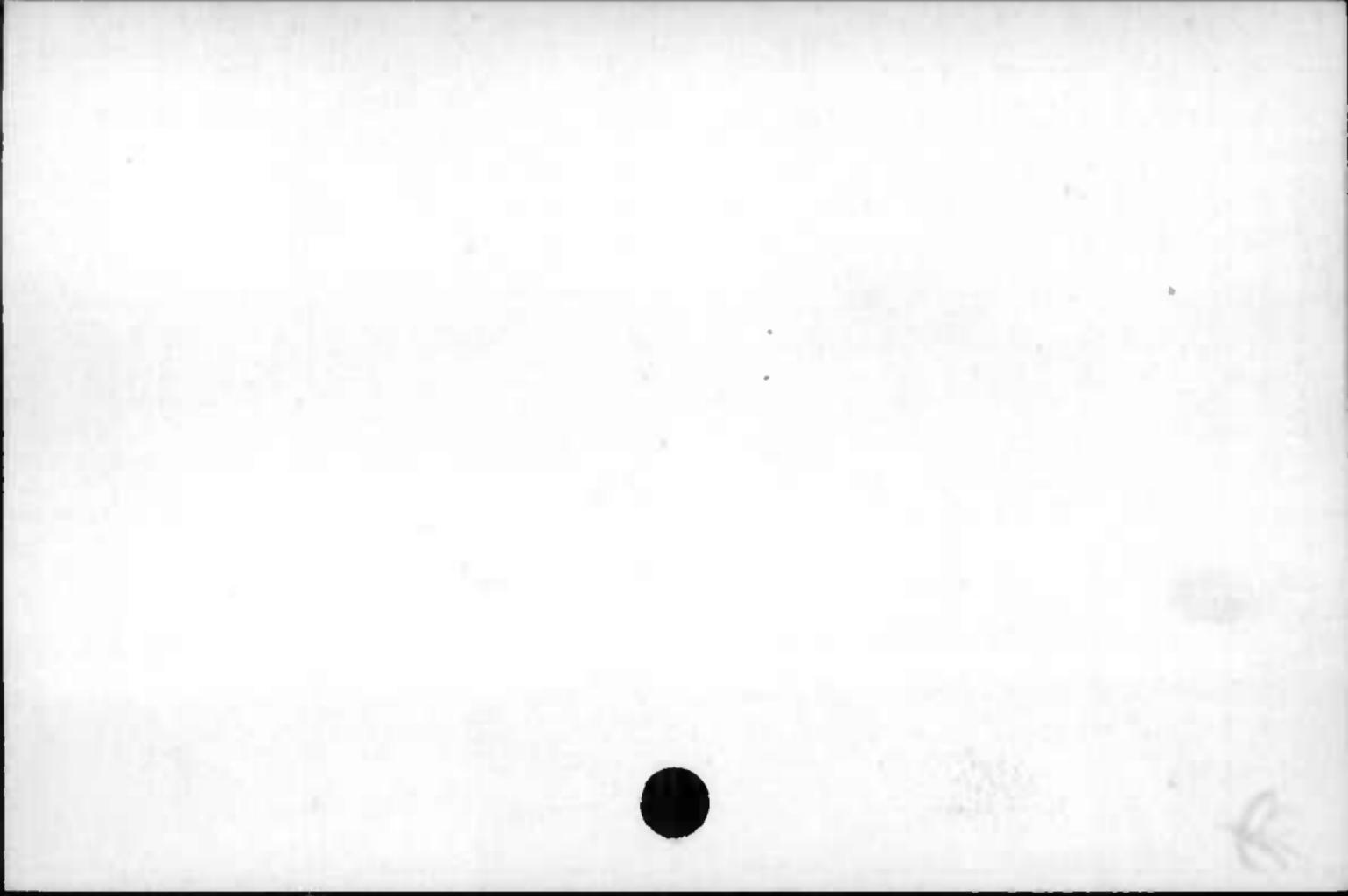
PHYSICIAN OR CORONER

Primary	Erysipelas with reflex meningitis	How long	5 days
Immediate	Central hemorrhage & paroxysms	How long	1/2 hour
Are the name, age, sex, color, date and place correctly given above?	Yps	Signature of Physician	Wm. Still

Address

J

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

CERTIFICATE OF DEATH				
Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
1906	Nov	29th	28	
Sex	Male	Color or Race	Birth-place	Dorchester Co
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Single			
Name of Wife or Husband				
Father's Name	Jacob Woolford			
Mother's Maiden Name	Francis Jane Ellis			
Name of person giving information	George W. Ellis			

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

Husky

Six Mos.

How long

Immediate

Haemorrhage Pulmonary

6 hrs

Are the name, age, sex, color, date and place correctly given above?

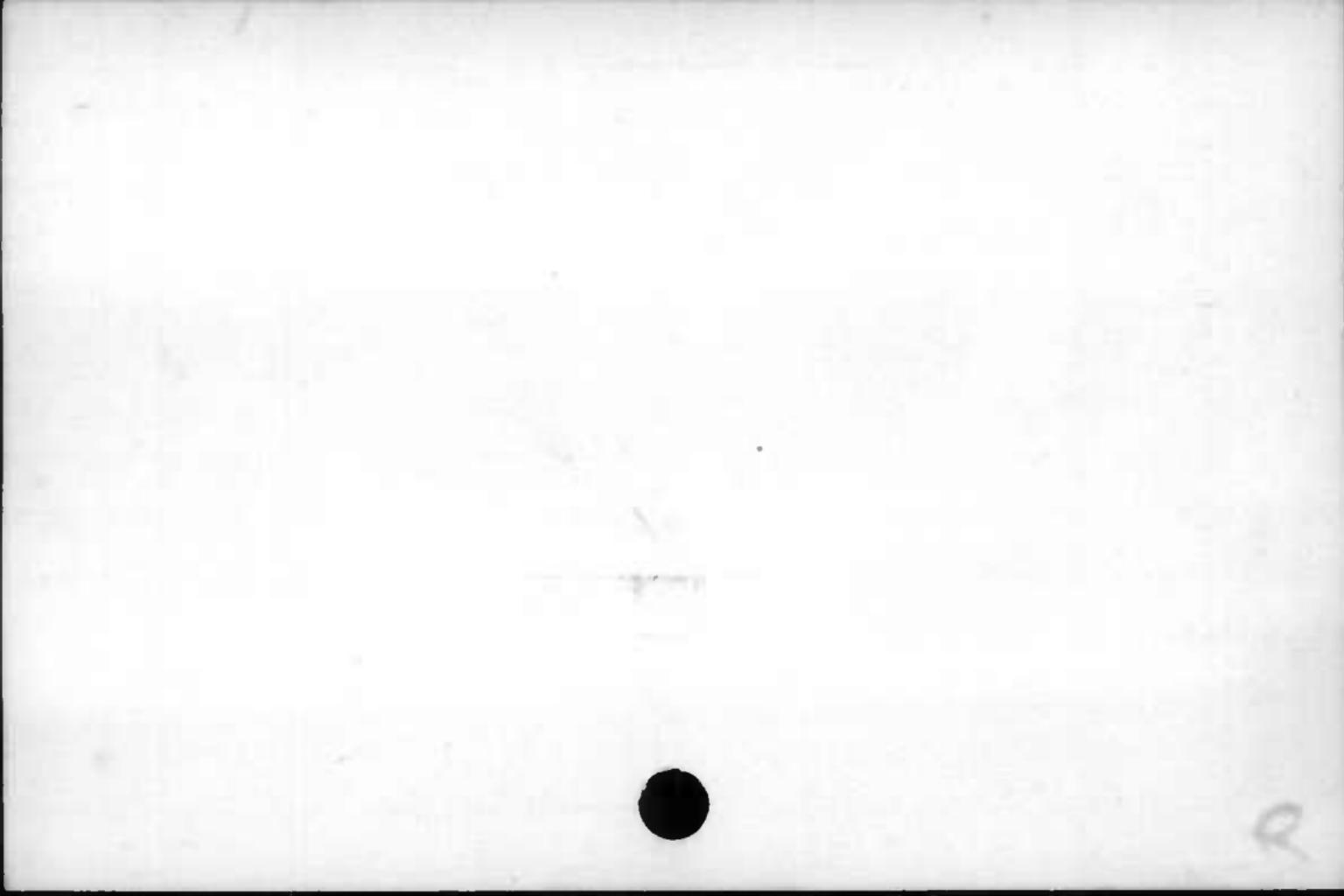
Yes

Signature of Physician

Address

Lester P. Reynolds M.D.  
Cambridge, Md.

Accident or Suicide?



Name  
In  
Full

Infant Hastings

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town <b>Cambridge</b>	County <b>Dorchester</b>	MARYLAND		
Date of death	Month <b>Nov.</b>	Day <b>11</b>	Years —	Months —	Days —
Sex <b>Male</b>	Color or Race <b>White</b>	Birth- place <b>Cambridge Md.</b>			
Occupation	Where Residing If not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <b>Durand Hastings</b>	Father's Birthplace <b>Maryland</b>				
Mother's Maiden Name <b>May Stevens</b>	Mother's Birthplace "				
Name of person giving Information <b>Durand Hastings</b>	How related to deceased <b>Father</b>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

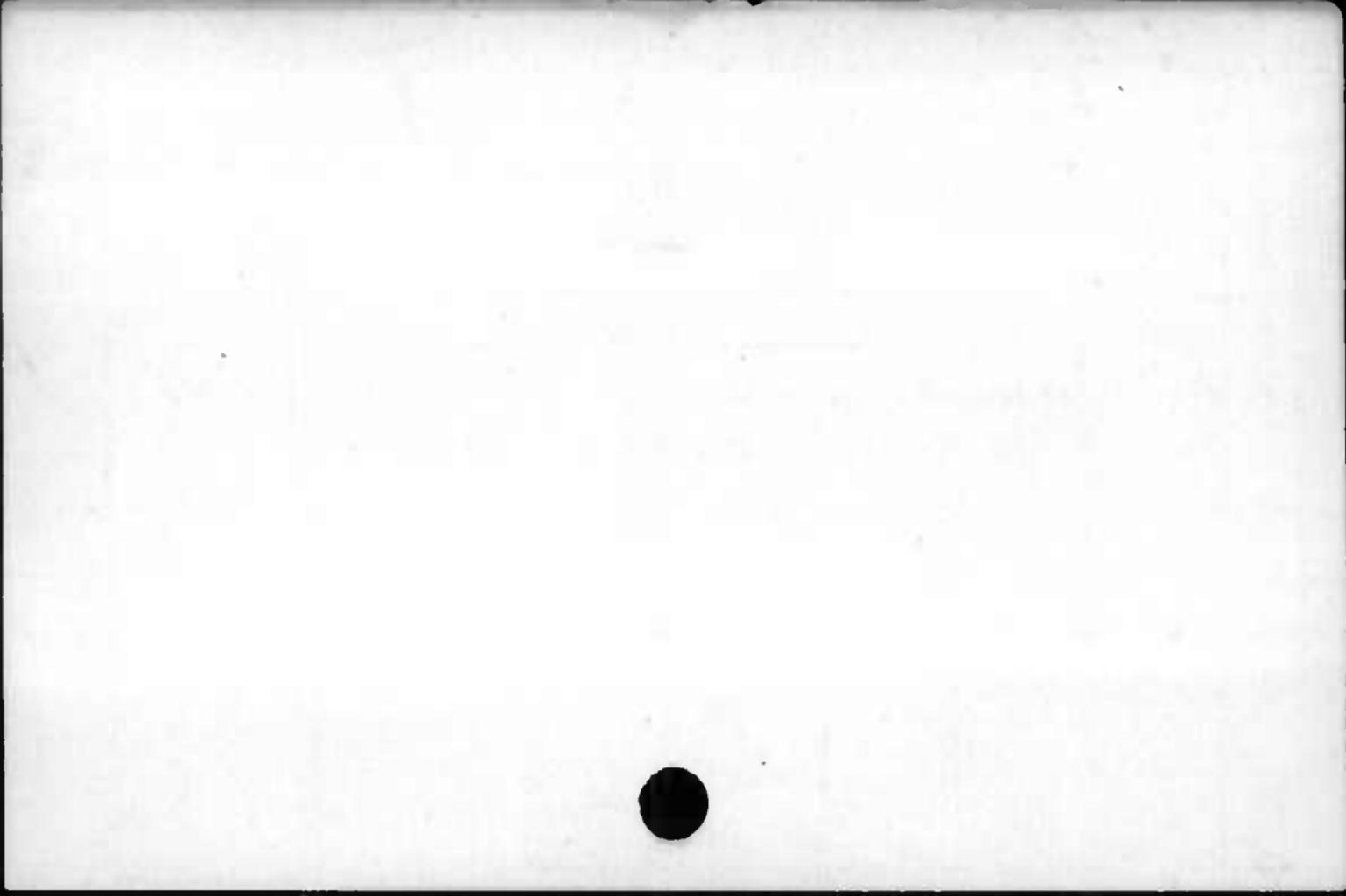
Primary	<b>dead born</b>	How long
Immediate		How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Accident or Suicide?



Name  
in  
Full

Emma E Henry

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
1906	11	16	Age 72 - 73
Sex	Color or Race	Birth-place	
Female	Blk	County	
Occupation	Where Residing if not at place of death		
Married, <input checked="" type="checkbox"/> Widowed	Name of Husband	John Henry	
Father's Name	Elgia Stanley	Father's Birthplace	Co
Mother's Maiden Name	Mary Balland	Mother's Birthplace	Co
Name of person giving information	John Henry	How related to deceased	Husband

CAUSES OF DEATH

Primary

Heart disease

How long

2 yrs

Immediate

Heart failure

How long

—

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

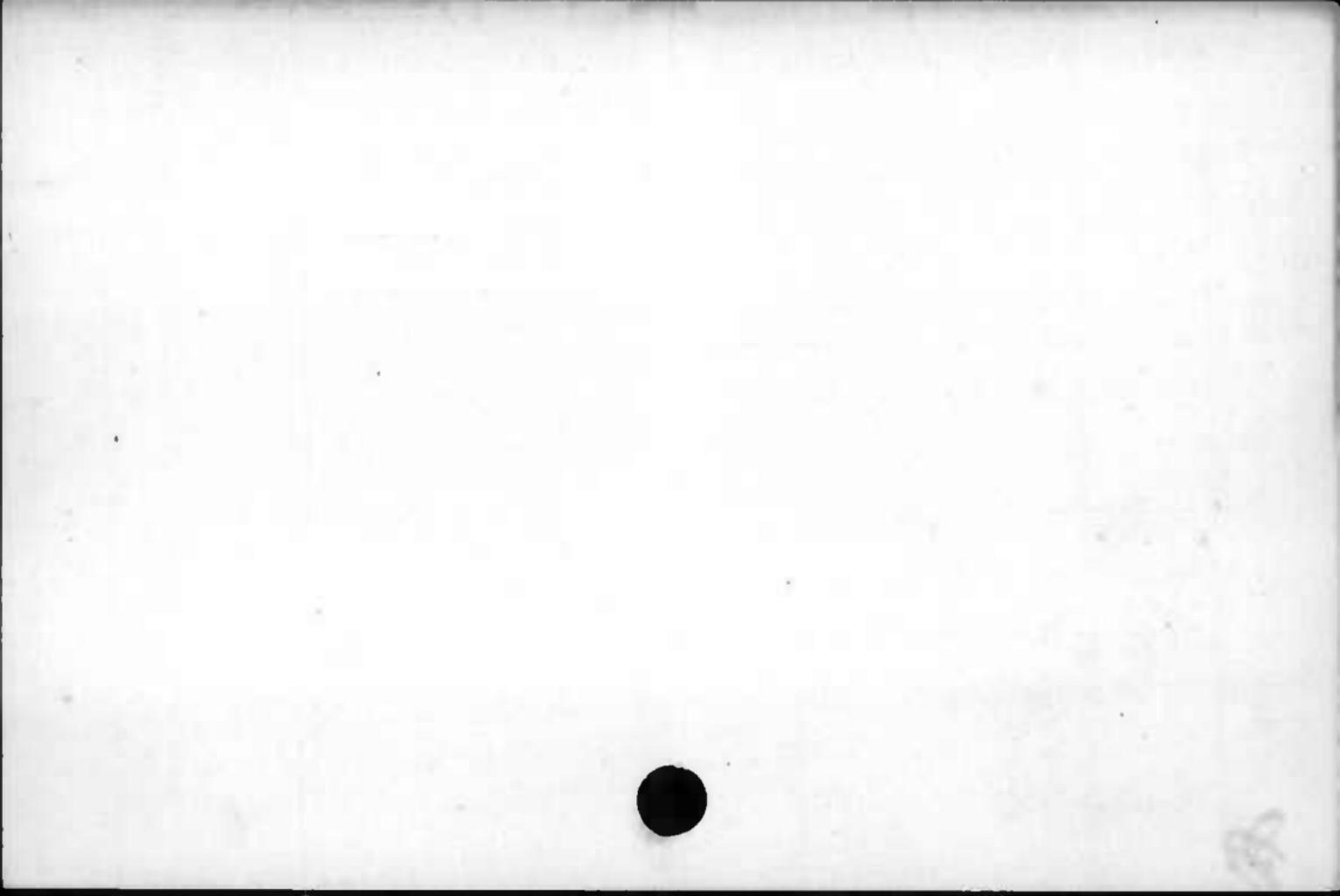
O. Browneller

Tivina

PHYSICIAN  
OR CORONER

J

Accident or Suicide?



Name  
In  
Full

To BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

James Hughes

Town

Cambridge

County

Dorchester

MARYLAND

Died at

Month

November

Day

29

Years

Age 14

Months

Days

Date  
of death 1906Color or  
Race

colored

Birth-  
place

Dorchester Co

Sex

Male

Where Residing if not  
at place of death

Cambridge

Occupation

Invalid

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Unknown

Father's  
BirthplaceMother's  
Maiden Name

Annie Hughes

Mother's  
BirthplaceName of person giving  
Information

Annie Hughes

How related  
to deceased

Mother

## CAUSES OF DEATH

Primary

Measles

(6)

How long

don't know

Immediate

Pneumonia (secondary)

How long

don't know as soon  
as oncePHYSICIAN  
OR CORONERAre the name, age, sex, color, date  
and place correctly given above?

yes

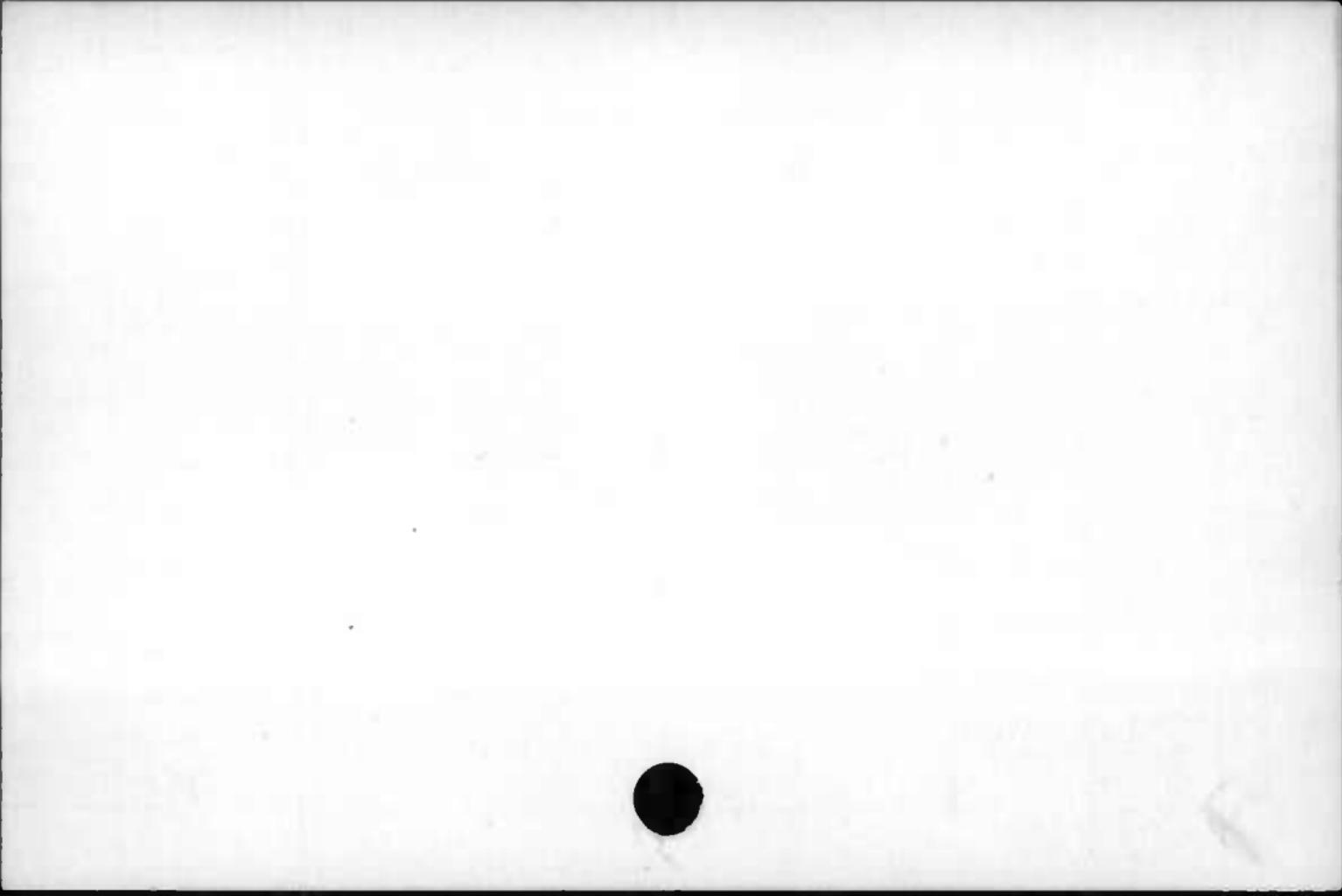
Signature of  
Physician

Address

E.H. Wolff

Cambridge Md

Accident or Suicide?



Name  
in  
Full

Margaret A. Kurlock

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	John W. Kurlock		
Father's Name	James Phos. Gould			
Mother's Maiden Name	Priscilla Reed			
Name of person giving information	John W. Kurlock			

CAUSES OF DEATH

Primary	Arterio-Sclerosis	(81)	How long
Immediate	Heart Failure		How long

Are the name, age, sex, color, date and place correctly given above?

yes

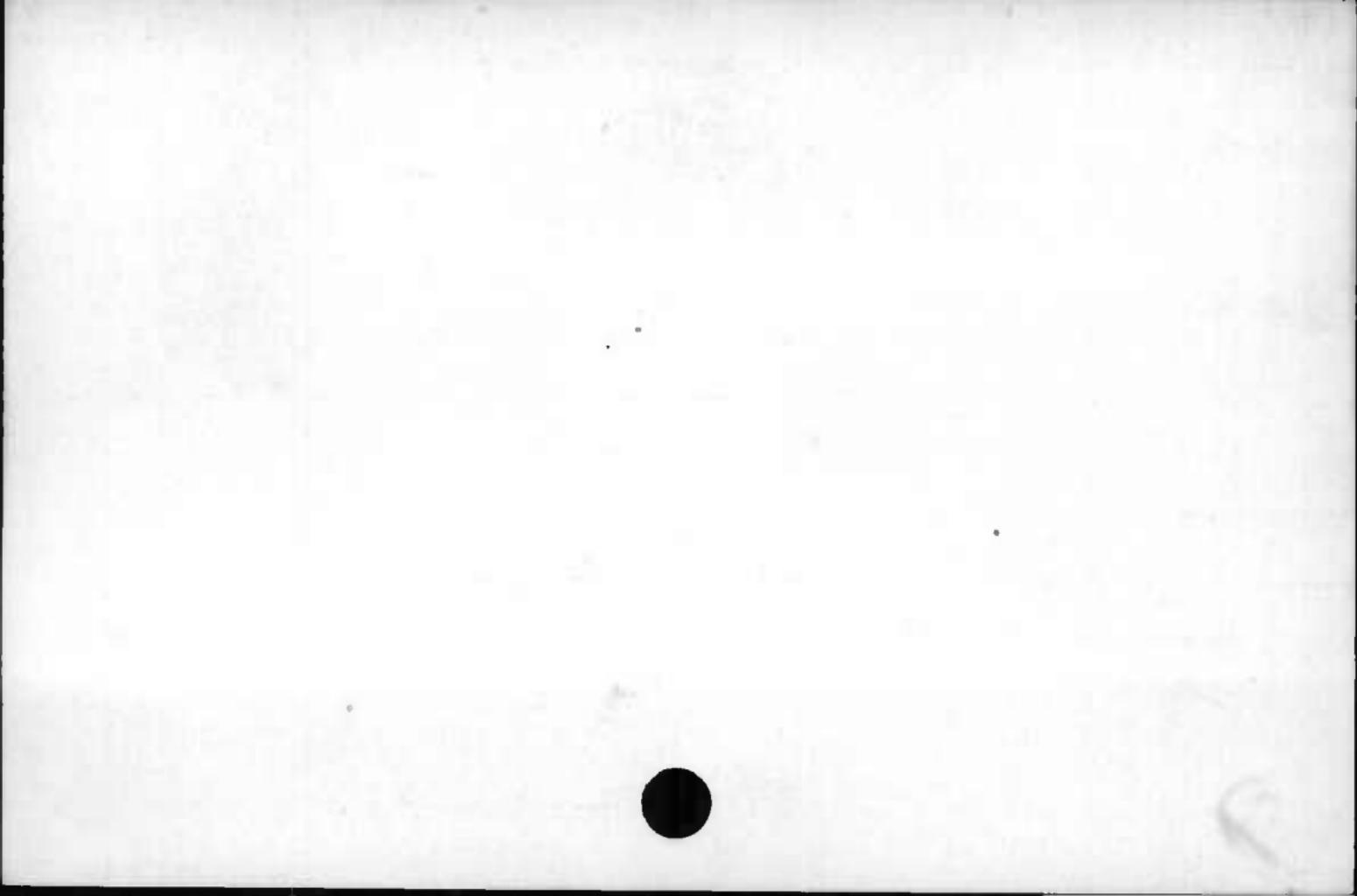
Signature of Physician

E.W. Wolff

Address

Cambridge, Md.

Accident or Suicide?



Name  
in  
Full

Rebecca Niak

CERTIFICATE OF DEATH

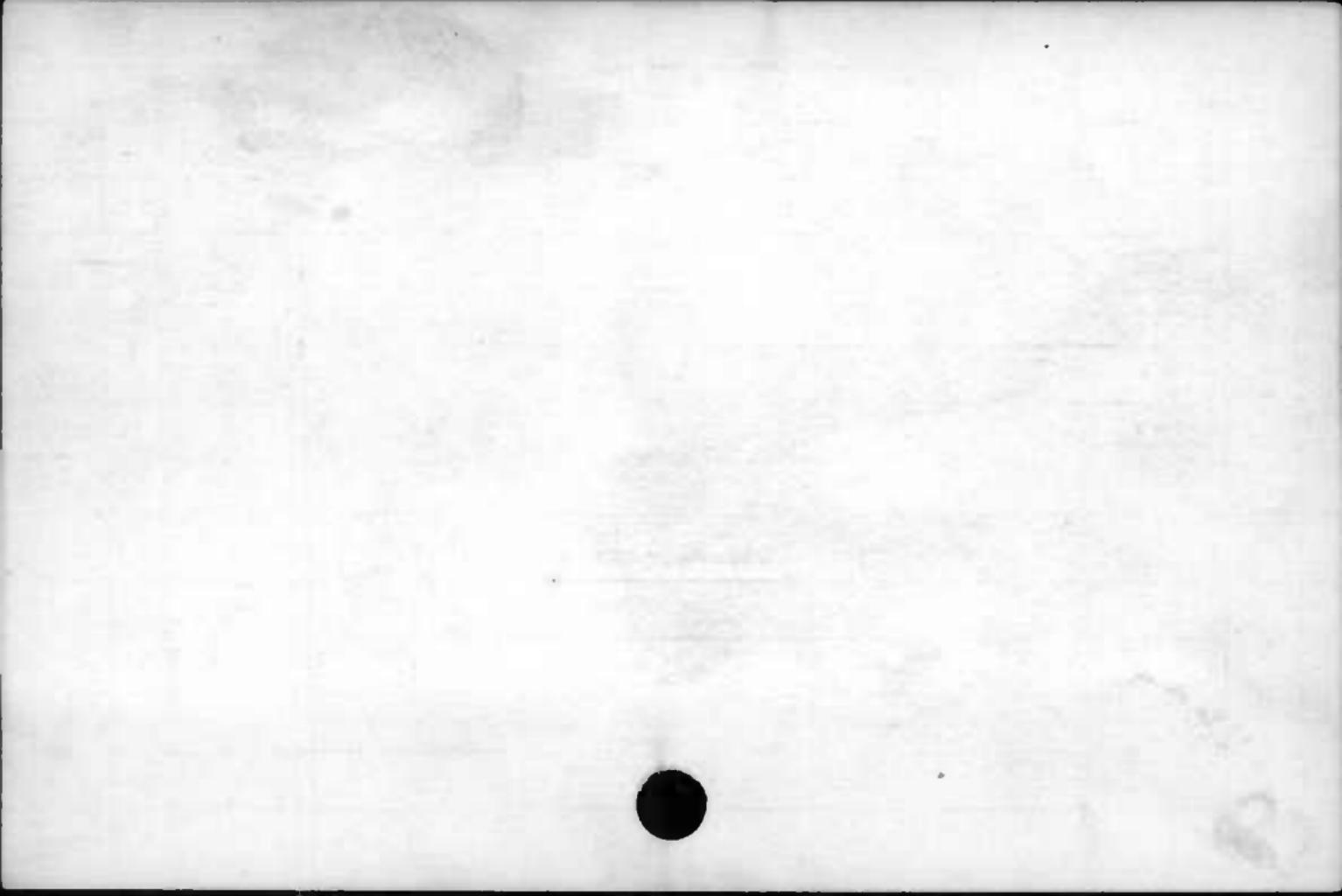
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
1906	Nov	1st	Age	6
Sex	Female	Color or Race	Colored	Birth-place
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	John Niak			
Mother's Maiden Name	Julia Mister			
Name of person giving information	John Niak			
Father's Birthplace	Dorchester Co			
Mother's Birthplace	"			
How related to deceased	Father			

CAUSES OF DEATH

Primary	Ileoscolitis	(105)	How long
Immediate	Asthma		Two weeks
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Wexford P. Reynolds M.D.
		Address	Cambridge, Md
Accident or Suicide?			

PHYSICIAN  
OR CORONER



Name  
in  
Full

Jacob W. Knowles

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSIAN  
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	1906	Month Nov	Day 20	Years 61	Months	Days
Sex	Male	Color or Race	White	Birth-place	Delaware	
Occupation	Driver		Where Residing if not at place of death	Cambridge Md.		
Married, Single or Widowed	Single		Name of Wife or Husband			
Father's Name	Jacob W. Knowles		Father's Birthplace	Delaware		
Mother's Maiden Name			Mother's Birthplace			
Name of person giving information	Elijah A. Knowles		How related to deceased	Stepmother		
CAUSES OF DEATH						
Primary	Hypertrophy Prostate & Chronic nephritis			How long	Some months	
Immediate	& Lauthn			How long	A few days	

Are the name, age, sex, color, date and place correctly given above?

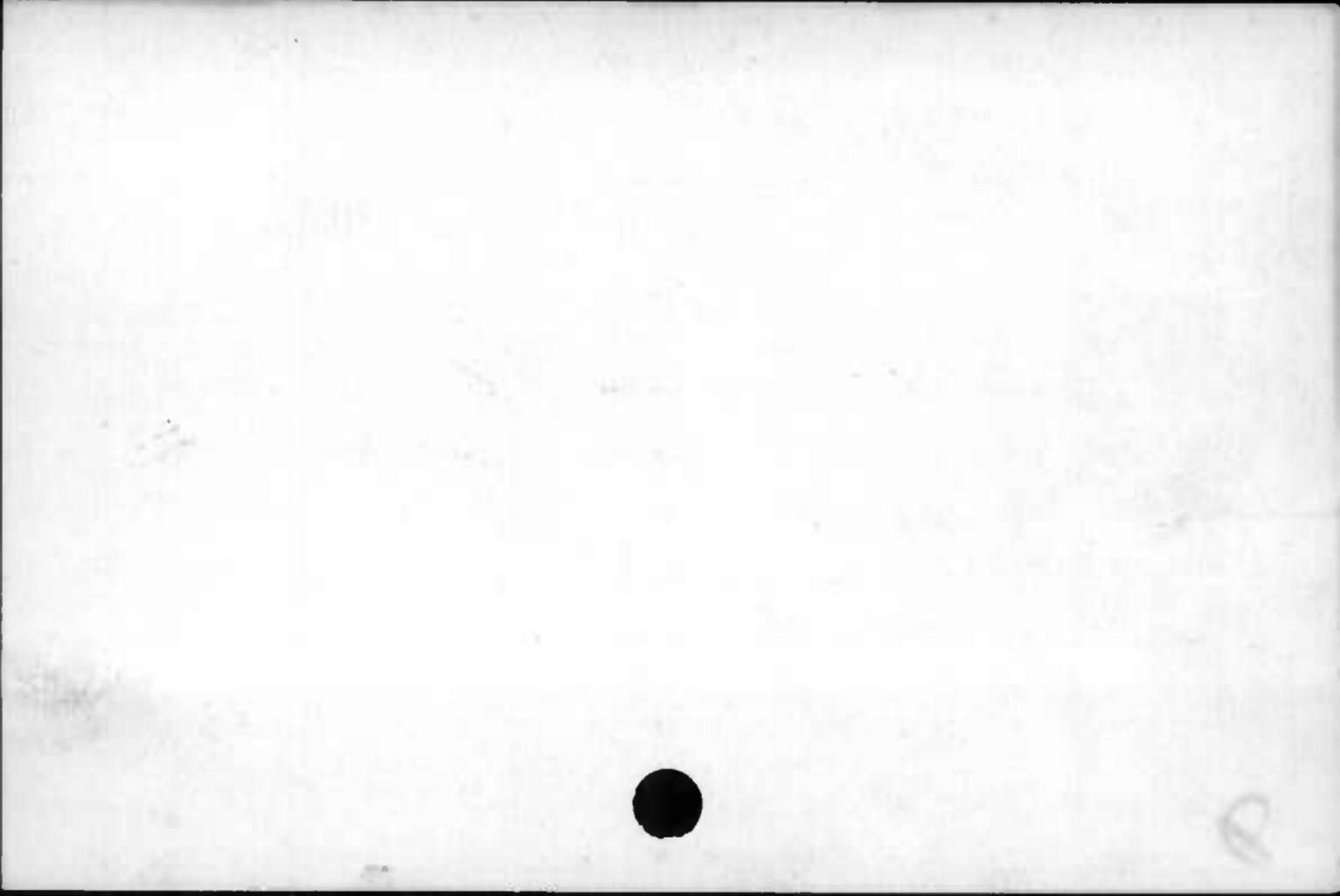
Yes

Signature of Physician

Address

Book Gold Barrack  
Cambridge Ma

Accident or Suicide?



Name  
in  
Full

Infant Name

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Bucktown		Worchester	Months	Days	
Date of death	Month	Day	Years	Months	Days
1906 Jan		6	-	-	-
Sex	Color or Race	Where Residing if not at place of death			
Boy	White	Bucktown			
Occupation					
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Charlie Ligon		Father's Birthplace	Md	
Mother's Maiden Name	Willie Riggins		Mother's Birthplace	"	
Name of person giving Information			How related to deceased	Grandfather	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Still born How long

Immediate How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

The physician is W. H. Willis of Bar  
Accident or Suicide? after dance found with Cambridge Md



Name  
In  
Full

Infant Lone

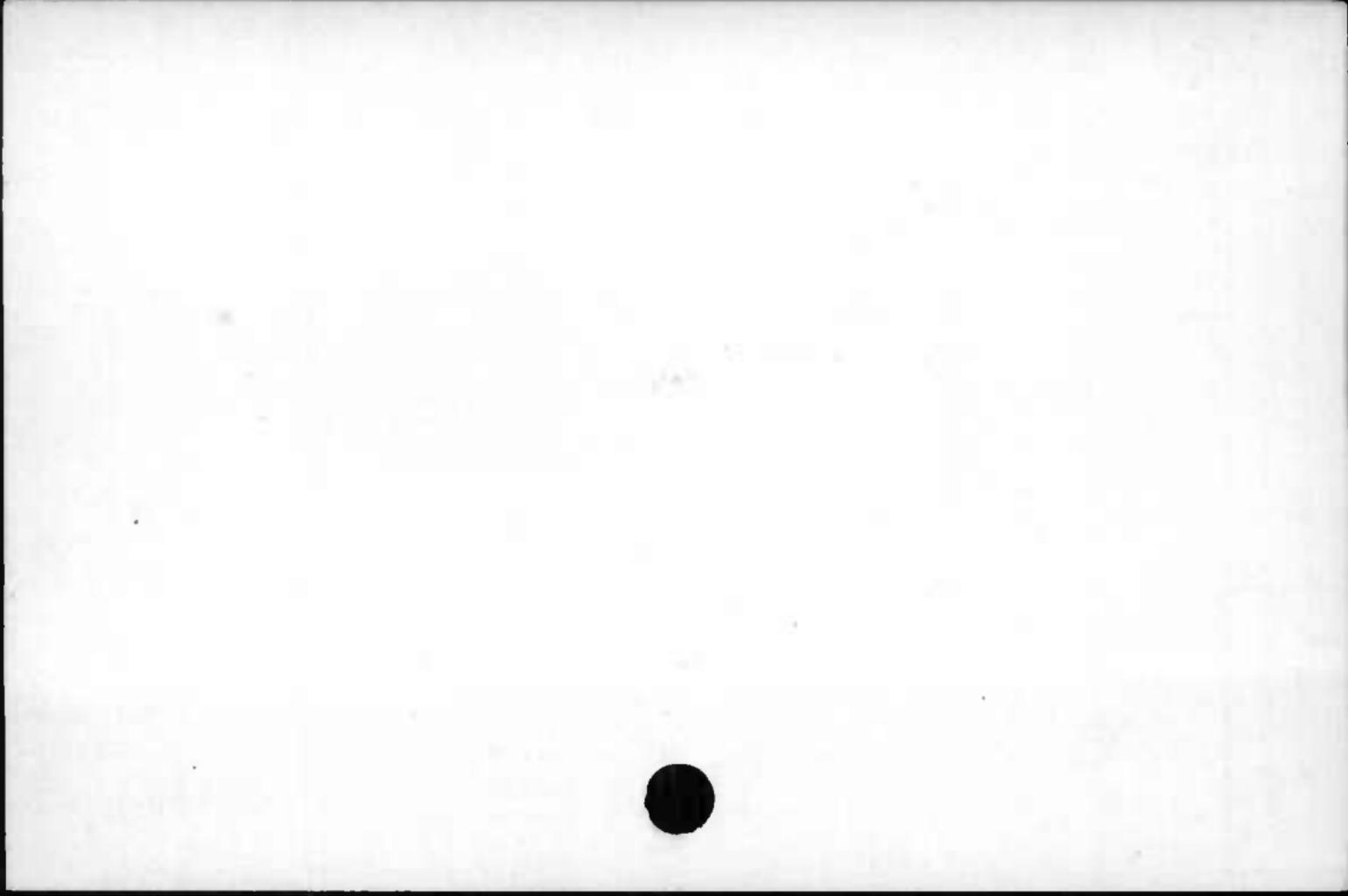
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Town</u> <u>Bucktown</u>	County <u>Oxford</u>	MARYLAND		
Date of death <u>1906 Mar</u>	Month <u>6</u>	Day <u>6</u>	Years _____	Months _____ Days _____
Sex <u>girls</u>	Color or Race _____	Birth-place _____		
Occupation _____	Where Residing if not at place of death _____			
Married, Single or Widowed _____	Name of Wife or Husband _____			
Father's Name <u>Charlie Lone</u>	Father's Birthplace <u>MD</u>			
Mother's Maiden Name <u>Kelvin Riggan</u>	Mother's Birthplace " "			
Name of person giving information	How related to deceased <u>Grand Father</u>			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <u>Stillborn</u>	How long
	Immediate	How long
Are the name, age, sex, color, date and place correctly given above?		Signature Physician <u>R. W. Willis Brew</u> Address <u>111 Madison Funeral Directors Gladwyne Pa</u>
Accident or Suicide? <u>No</u>		



Name  
in  
Full

Still Born Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at New Market Town Dorchester County MARYLAND

Date of death 1906 Month 11 Day 23 Years  Months  Days

Sex Female Color or Race White Birth-place Dorchester

Occupation  Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Edward Moore

Father's Birthplace

Dorchester

Mother's Maiden Name

Maggie Lauford

Mother's Birthplace

Name of person giving Information

Blanche Blades

How related to deceased

" Friend

CAUSES OF DEATH

Primary

Not known Still Born

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

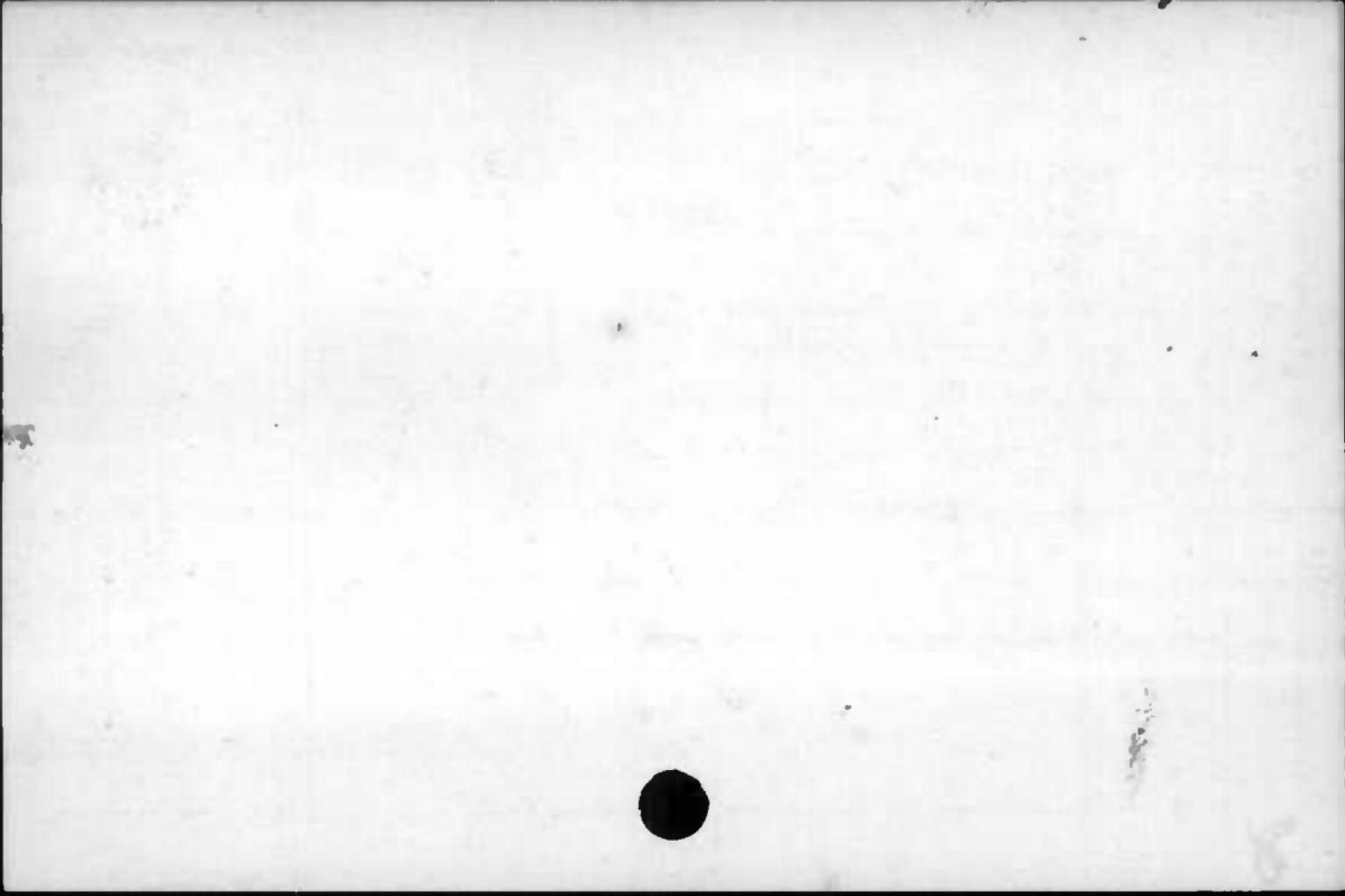
Signature of Physician

Address

None  
Wm L. Adair, D.P.

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

Jane Neal

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Hurlock	Town	Dorchester	County	MARYLAND				
Date of death	1906	Month	24	Day	Years	5	Months	Days	
Sex	Female	Color or Race	Black	Birth-place	Near Hurlock				
Occupation	Where Residing if not at place of death				near Hurlock				
Married, Single or Widowed									
Father's Name	Will Neal				Father's Birthplace	Cabin Creek			
Mother's Maiden Name	Lydie Boyce				Mother's Birthplace	Hurlock			
Name of person giving information	Sam Boyce				How related to deceased	Grand Father			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

No P

How long

(179)

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of  
*Robert L Hastings*

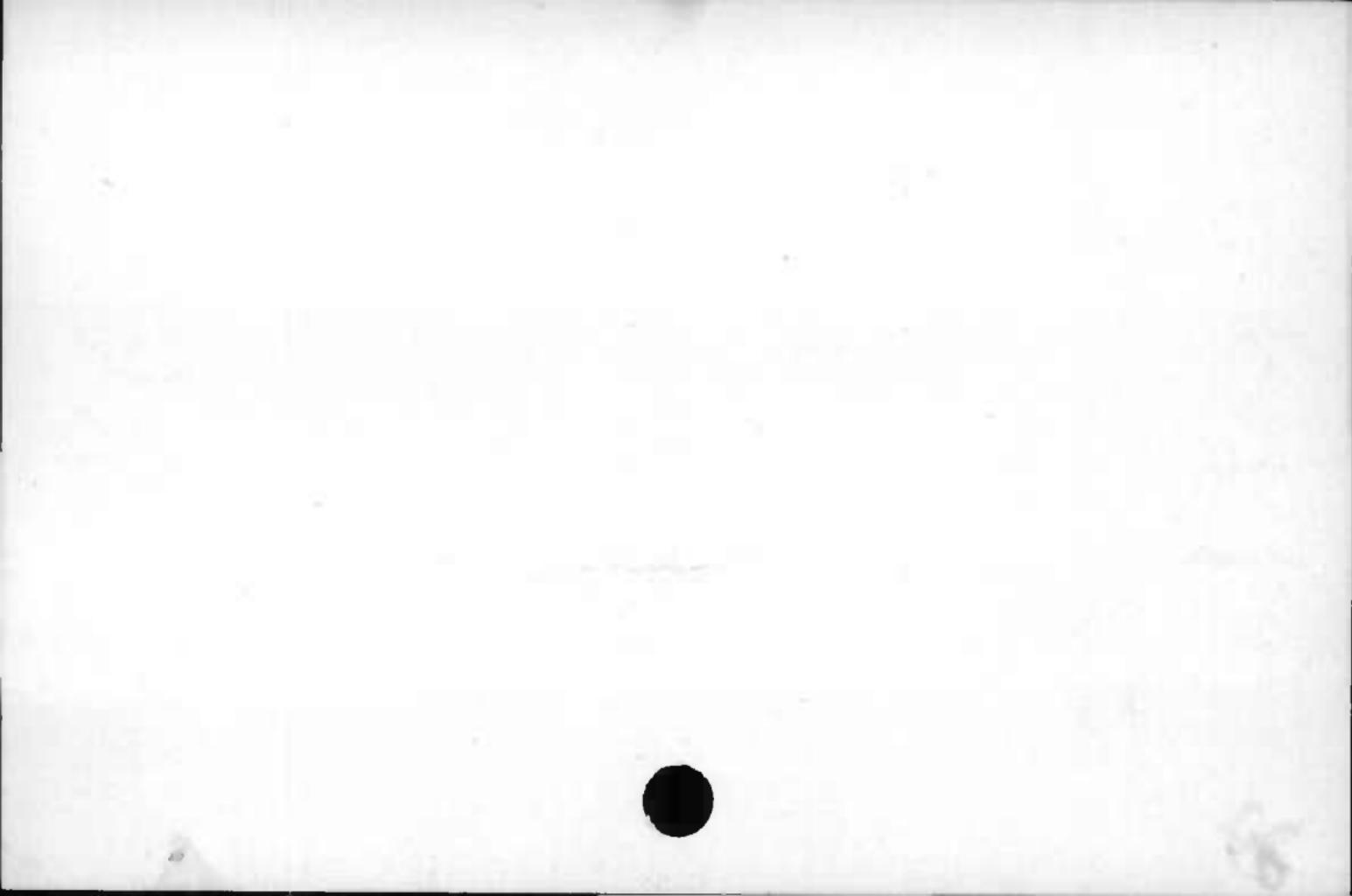
Address

Robert L Hastings 897  
Hurlock

No physician

Accident or Suicide?





Name  
in  
Full

Allen Pritchett

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at	near Vienna	Oor	
Date of death	Month	Day	Years
1906	Nov	16	—
Age	Months	Days	
Sex	Color or Race	Birth-place	
Male	Bek	Co.	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Single	—		
Father's Name		Father's Birthplace	Co.
Rufus Pritchett			
Mother's Maiden Name		Mother's Birthplace	"
Effa Ball			
Name of person giving information		How related to deceased	Grandfather
Allen Pritchett			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

insanition

(51)

How long

2 mo.

Immediate

Ex haemorrhage

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Brookhaven

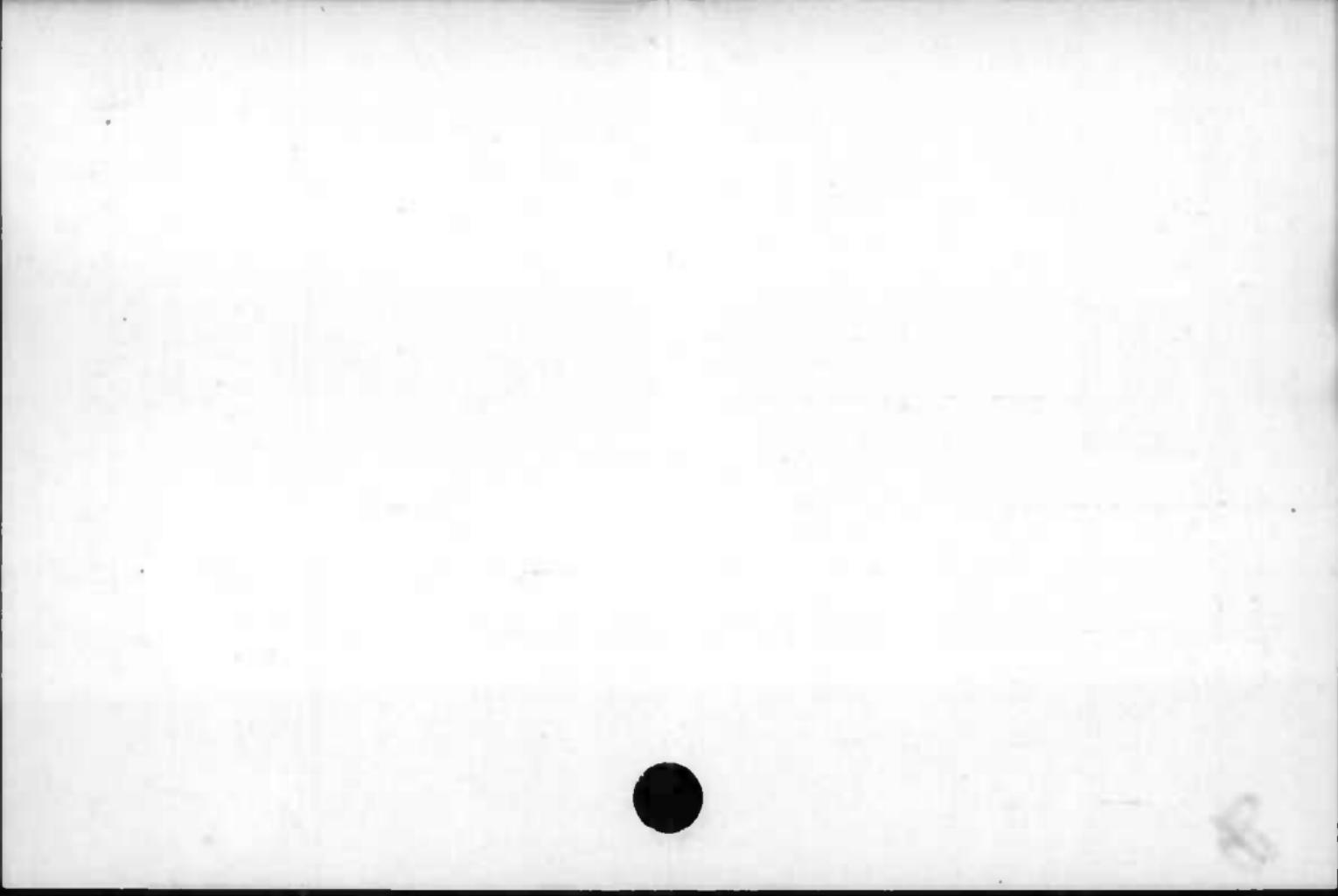
No physician

Address

Vienna

Mo

Accident or Suicide?



Name  
in  
Full

William M. Robinson

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town <u>Cambridge</u>	County <u>Dorchester</u>	MARYLAND		
Date of death	Month <u>November</u>	Day <u>11th</u>	Years <u>87</u>	Months <u>1</u>	Days <u>3</u>
Sex	Male	Color or Race <u>White</u>	Birth-place <u>Maryland</u>		
Occupation	<u>Retired Farmer</u>				
Married, Single or Widowed	<u>Widower</u>	Where Residing if not at place of death			
Father's Name	<u>William M. Robinson</u>				
Mother's Maiden Name	<u>Mary E.</u>	"	Father's Birthplace <u>Orla,</u>	Mother's Birthplace <u>Md.</u>	
Name of person giving information	<u>F.J. Moore</u>				

CAUSES OF DEATH

54

PHYSICIAN  
OR CORONER

Primary

Lunacy

How long

about 2 years

Immediate

Hurt from gun

How long

short hour

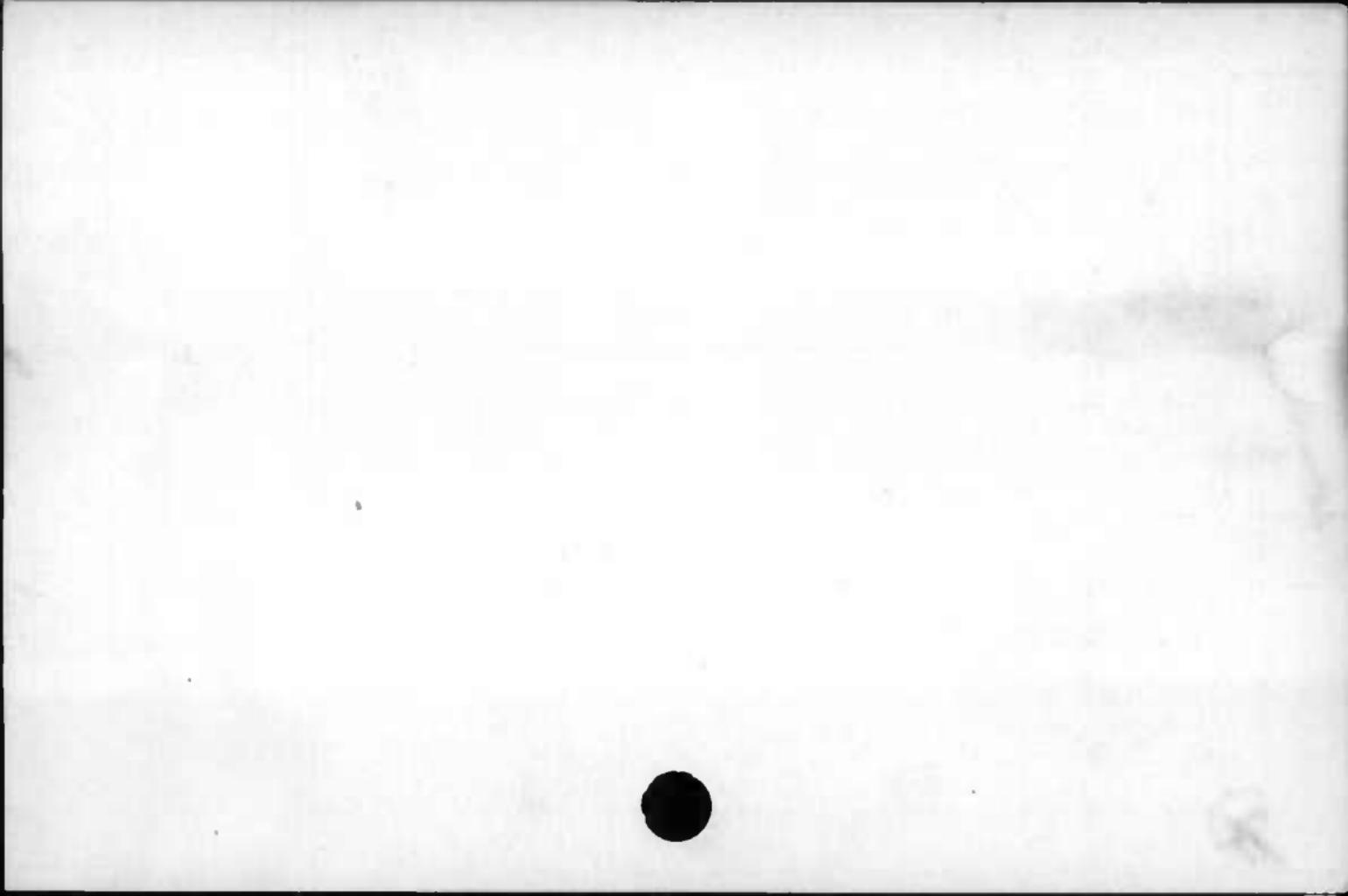
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

John Moore,  
Cambridge, Md.

Accident or Suicide?



Name  
in  
Full

Annetta W. St. Clair

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	Birth-place	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Cambridge Md.		
Father's Name				Father's Birthplace
Mother's Maiden Name				Mother's Birthplace
Name of person giving information	Annetta St. Clair			How related to deceased

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

old age

(23)

How long

-

Immediate

cystitis

How long

Some months

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

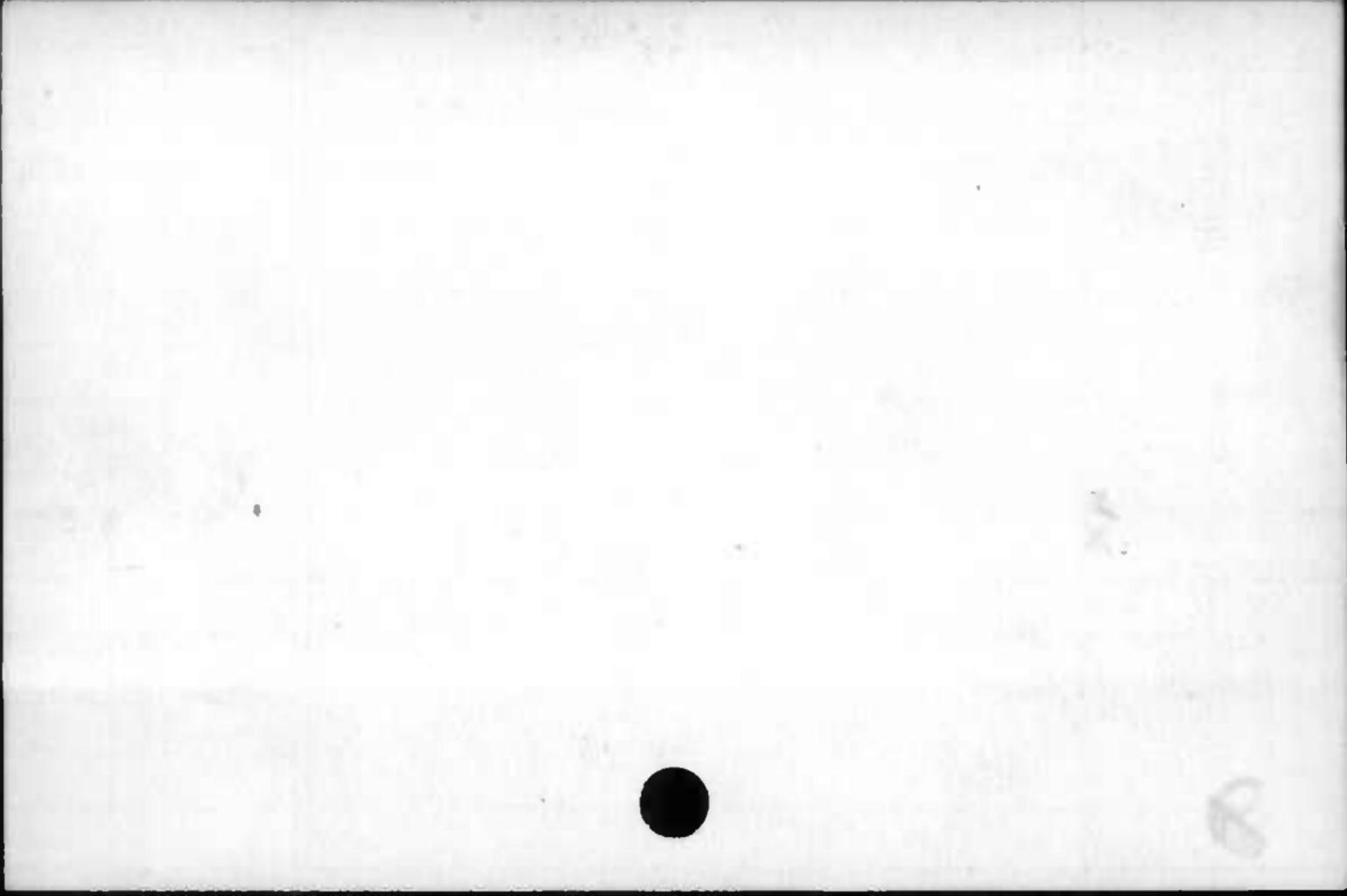
Address

Dr. Golombok

Cambridge Md



Accident or Suicide?



Name  
in  
Full

Florence Spicer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Jacksonville		Town	Dorchester		County	MARYLAND			
Date of death	1906 Nov	Month	17	Day	Years	—	Months	—	Days
Sex	Female	Color or Race	Negro		Birth-place	Md			
Occupation	House girl		Where Residing if not at place of death						
Married, Single or Widowed	Single		Name of Wife or Husband						
Father's Name	James Spicer		Father's Birthplace Md						
Mother's Maiden Name	Susan Ban		Mother's Birthplace Md						
Name of person giving information	Walter Meekins		How related to deceased Uncle						

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pneumonia

(35)

How long

3 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

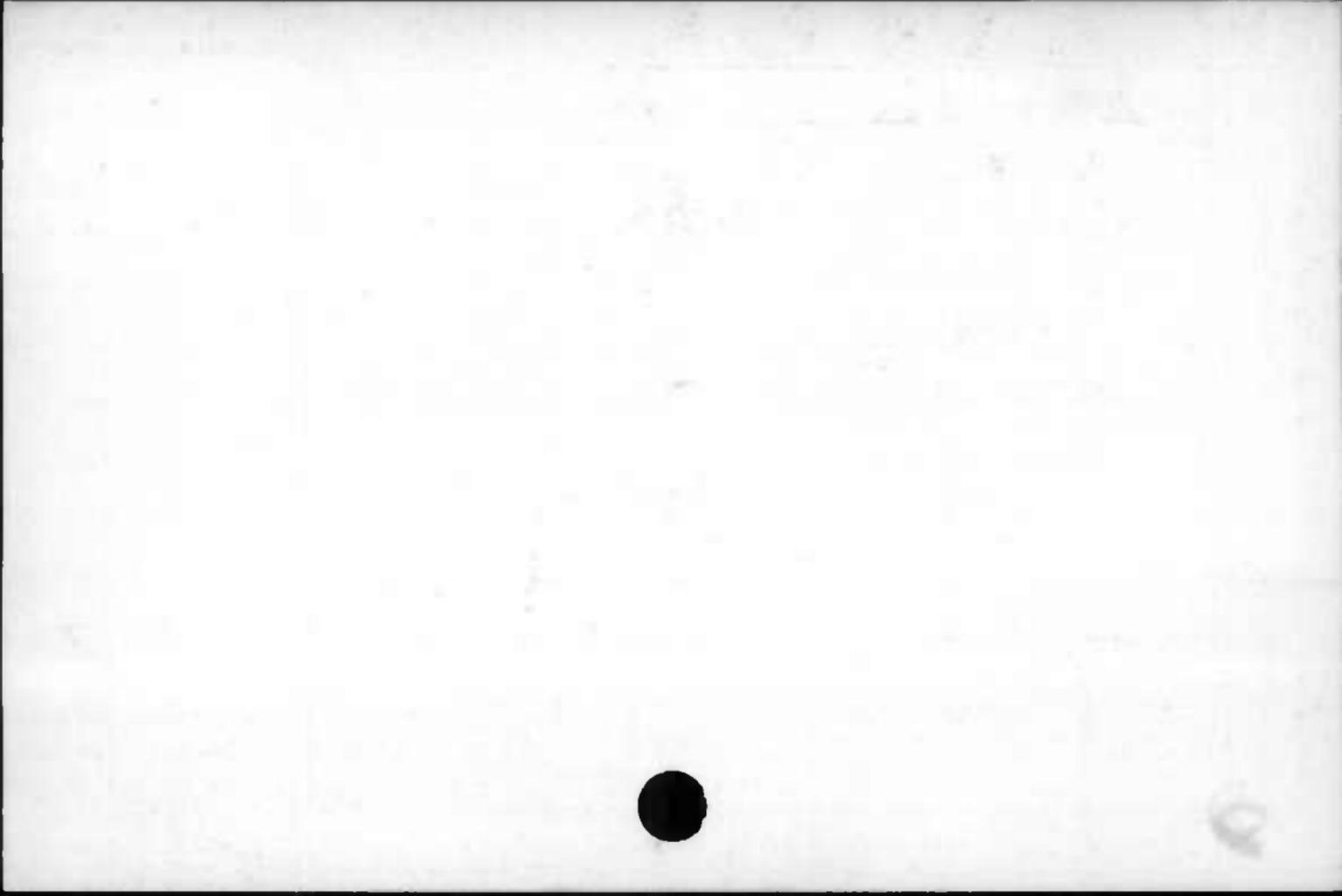
E. A. P. Jones

Address

Chago. Md

9

Accident or Suicide?



Name  
in  
Full

Angie R. Todd

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Tow. <i>Bishop's Head</i>	County <i>Dorchester</i>	MARYLAND	
Date of death	Month <i>Nov</i>	Day <i>21</i>	Years <i>Age 29</i>	Months Days
Sex	Color or Race <i>Female</i>	<i>White</i>	Birth- place <i>Bishop's Head</i>	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband <i>James T. Todd.</i>		
Father's Name	<i>Elisha W. Thomas.</i>			
Mother's Maiden Name	<i>Mary Thomas.</i>			
Name of person giving Information	<i>James T. Todd.</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

*Hemorrhage*

How long

85

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

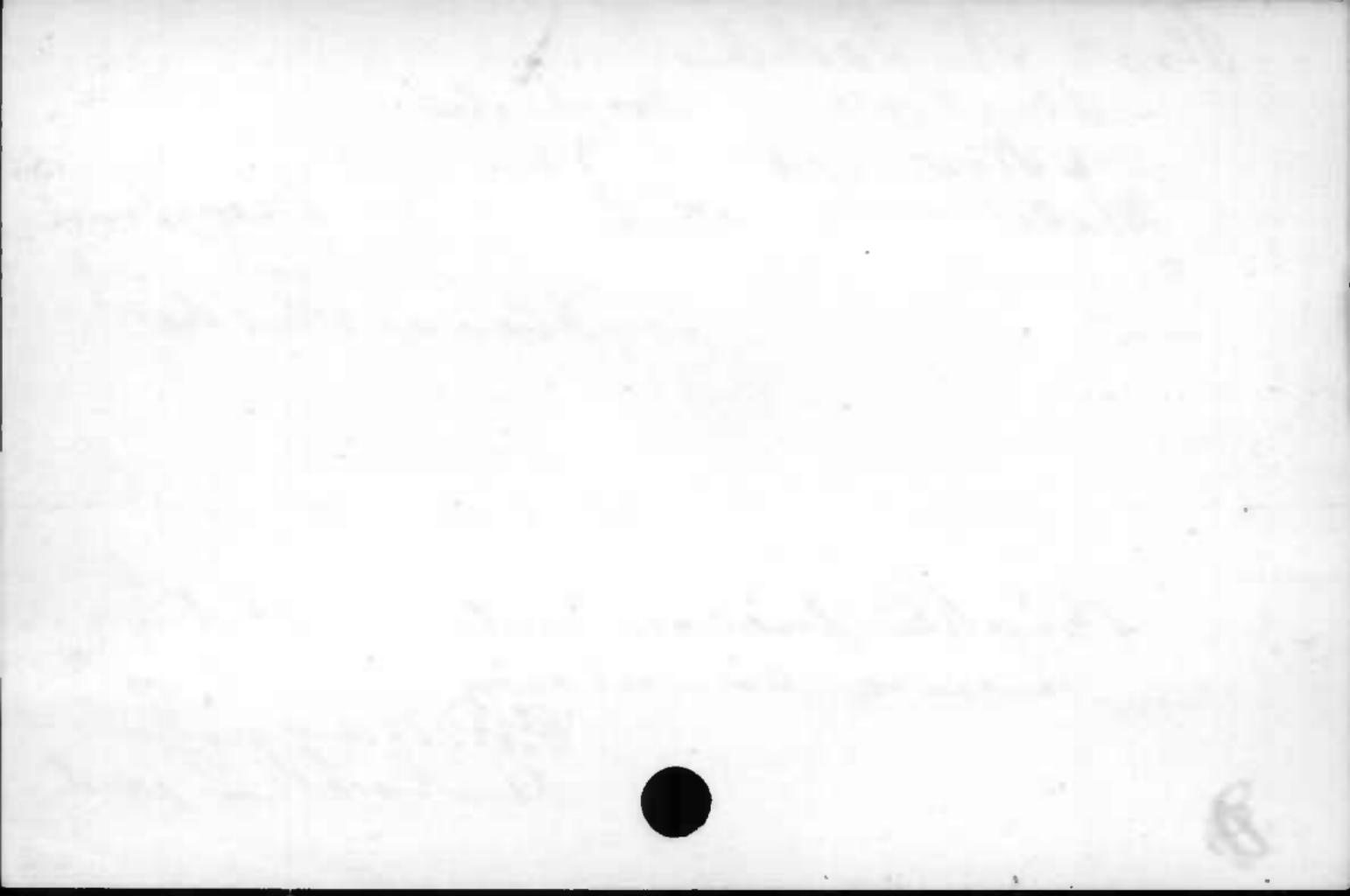
Signature of  
Physician

Address

*A. J. Kieran  
Undertaker*

8

Accident or Suicide?



Name  
in  
Full

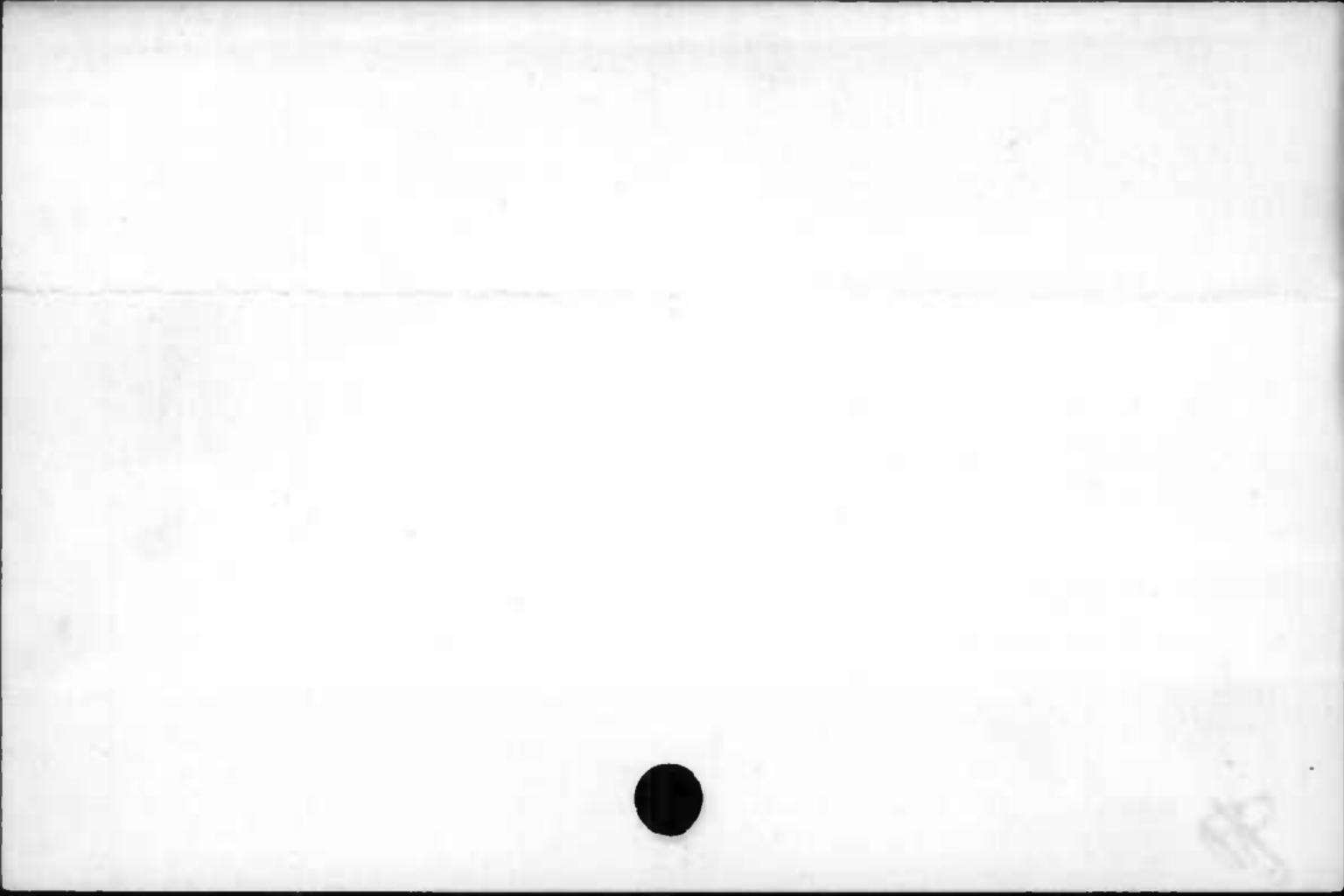
Robt. N. Todd.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	55	-	-
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Hudson Md			
Father's Name	Troyphena Phelps				
Mother's Maiden Name	Salisbury				
Name of person giving Information	Salisbury				
CAUSES OF DEATH					
Primary	Bright's disease acute				
Immediate	venereal convulsions				
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	B. J. Maguire		
		Address	Hudson Md		
9		Accident or Suicide?			



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Julid Whittaker					CERTIFICATE OF DEATH	
Died at East New Market Dorchester					MARYLAND	
Date of death 1906	Month 11	Day 1	Years 30	Age	Months	Days
Sex Female	Color or Race White	Birth-place Wisconsin				
Occupation Wife	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	George Whittaker				
Father's Name Henry E Stuart	Father's Birthplace York					
Mother's Maiden Name Mary Boyd	Mother's Birthplace Pennsylvania					
Name of person giving Information George Whittaker	How related to deceased Husband					

CAUSES OF DEATH

Primary

Tuberculosis

How long

10 years

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

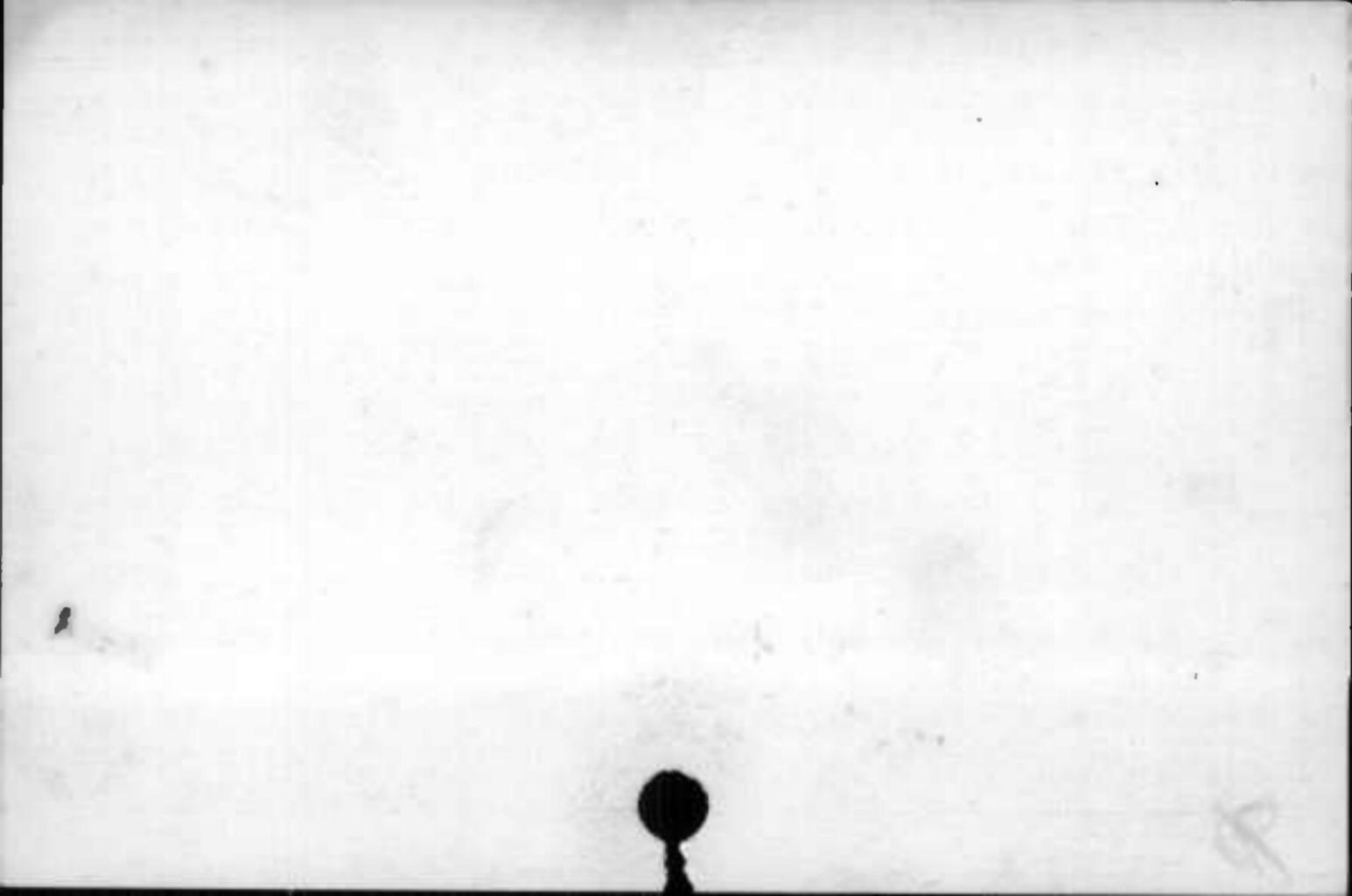
Signature of Physician

A. Saxe

Address

East Newmarket  
Md

Accident or Suicide?



Name  
in  
Full

Sarah Wilson

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at Jacksonville		Town	County Dorchester		MARYLAND		
Date of death	1906	Month Nov	Day 11	Years Age 4	Months 5	Days 19	
Sex	female	Color or Race	Negro	Birth-place	Md		
Occupation	Wife	Where Residing if not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Charles Wilson					Father's Birthplace	Md
Mother's Maiden Name	Nancy Wilson					Mother's Birthplace	Md
Name of person giving Information	John Wilson					How related to deceased	Father

CAUSES OF DEATH

Primary

116

How long

36 hours

Immediate

Pertomitis

How long

Are the name, age, sex, color, date and place correctly given above?

yes

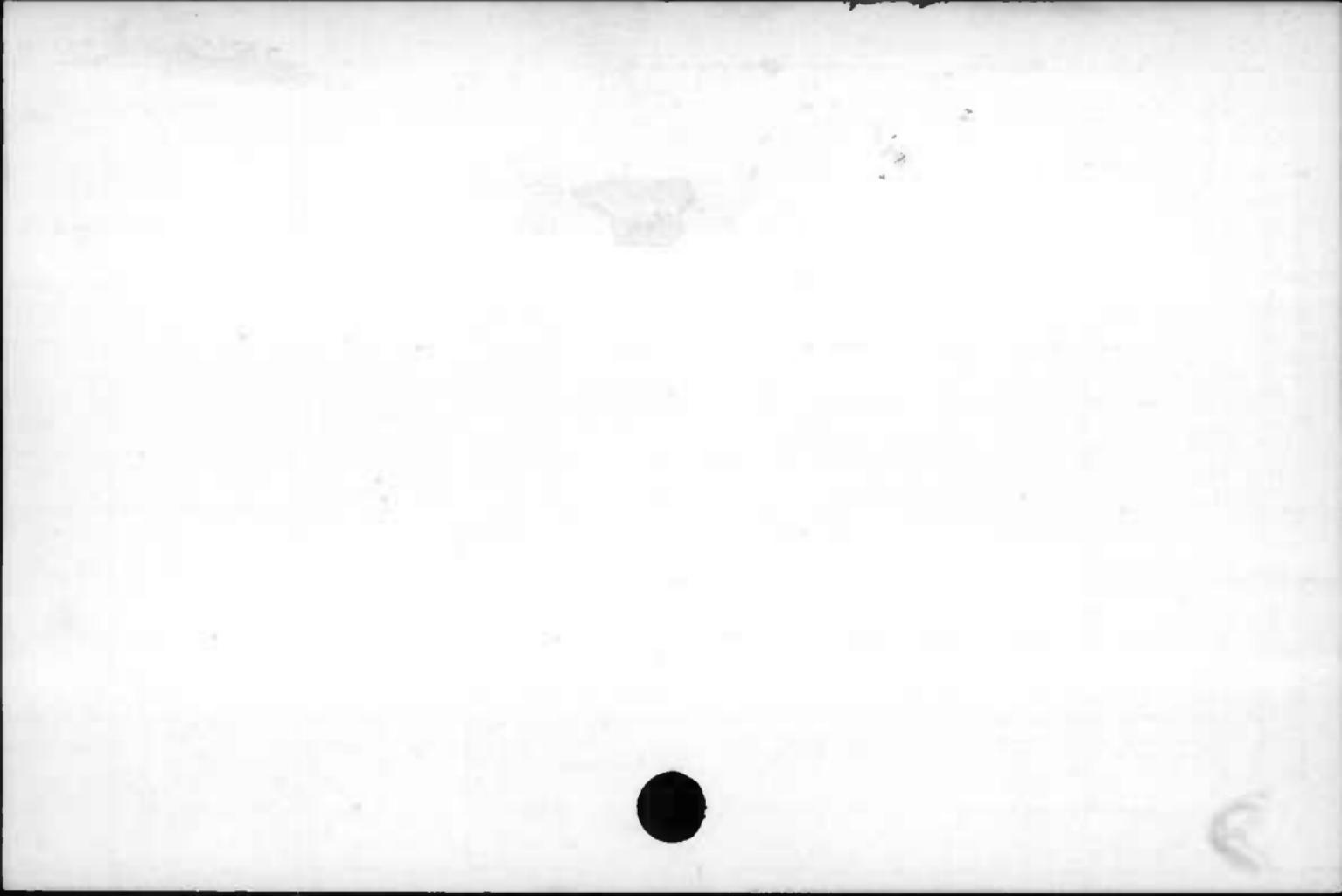
Signature of Physician

E.A. Johnson

Address

Basyo. Md

Accident or Suicide?



Name  
in  
Full

Wm H. Wilson

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Birth-place	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Father's Birthplace	N. Virginia	
Mother's Maiden Name	Mother's Birthplace	N. Virginia	
Name of person giving information	How related to deceased		

Cambridge Dorchester

1906 Nov 4th 30

Male Colored Virginia

General Laborer

Married

Wm H. Wilson

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis	How long
Immediate	Asthma	2 months
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
Accident or Suicide?		

Wm H. Wilson

Exeter T. Reynolds M.D.

Cambridge Md

LeCompte & Harper

Name  
in  
Full

Wesley Burgoyne Woodland

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

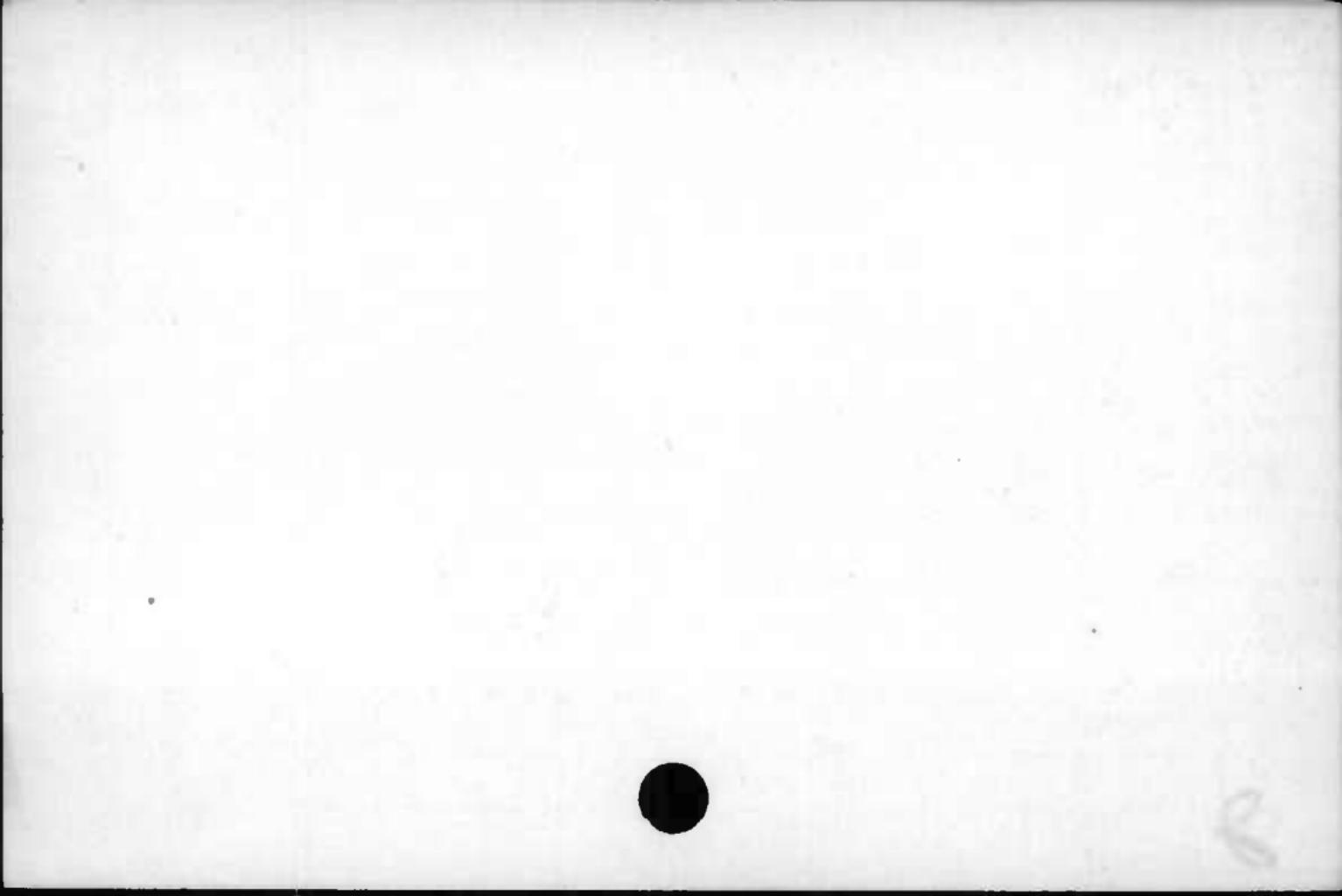
Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	11	1
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Dorchester Co			
Mother's Maiden Name	Dorchester Co			
Name of person giving information	Brother			

CAUSES OF DEATH

(20)

PHYSICIAN OR CORONER

Primary	Chronic Nephritis (condition not suspected to cause death)		
Immediate	Convulsions, Convulsions,		
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	W.H. Anatole M.D.
		Address	Fishing Creek
Accident or Suicide?	Ind.		



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

8

Leah Woolford

Town

County

CERTIFICATE OF DEATH

MARYLAND

Died at	Cambridge	Month	Day	Years	Months	Days
Date of death	1906 Nov	3rd	Age	64	-	-
Sex	Female	Color or Race	Colored			
Occupation	Housewife					
Where Residing if not at place of death						
Married, Single or Widowed	Married	Name of Wife or Husband	Thos. Woolford			
Father's Name	Durham Baltimore					
Mother's Maiden Name	Mary Baltimore					
Name of person giving information	Leah Woolford					
Father's Birthplace	Dorchester Co					
Mother's Birthplace	Dorchester Co					
How related to deceased	Son					

CAUSES OF DEATH

Primary

Chronic Nephritis

(b4)

How long

How long

Immediate

Cerebral Hemorrhage

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Dexter T. Reynolds MD

Address

Cambridge Md

Accident or Suicide?

Le Comptoir Wayee